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COVER LETTER

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cun ir.c.	FLL 825 LI	.c				
SUBJECT	·	Name of Lim	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
		indence concerning this matter				
		ALAIN RODRIGUEZ				
			Name of Person			
.		ARCA ACCOUNTING				
			Firm/Company			
•		14171 SW 156TH AVE				
			Address			
		MIAMI FL 33196				
			City/State and Zip Code	· · ·		
		ARCAACCOUNTING@H				
,			to be used for future annual report n	otification)		
For furthe	r information c	oncerning this matter, please c	all:			
ALAIN R	ODRIGUEZ		305 744-3886			
	Name o	f Person	Area Code Dayt	ime Telephone Number		
Enclosed i	s a check for th	ne following amount:				
□ \$25.0i	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration S				
Division of Corporations — P.O. Box 6327			Division of C	•		
-	.O. Box 032 allahassee, F			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLL 825 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on FEB 22ND, 2012 Florida document number L12000025552 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." · Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RICARDO KIRSCHBAUM	13727 SW 152ND ST STE 214	= Add
		MIAMI FL 33177	Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
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Tective date, if other than the n effective date is listed, the date mus	date of filing:	. 1. CCl	(optional)	COE 020
te: If the date inserted in this bl	ock does not meet the applic	able statutory filing requi	rements, this date will not be	listed as
cument's effective date on the D	epartment of State's records.			
ecord specifies a delayed effectiv	e date, but not an effective ti	me at 12:01 a.m. on the	earlier of: (b) The 90th day a	fter the
is filed.	- date, but not an effective in	me, at 12.01 a.m. on the	carrier of (b) The four day a	ner me
ии у этет	2020			
ted JULY 21ST	. 2020	<u> </u>		
	Signature of a member or author	orized representative of a mo	-mber	