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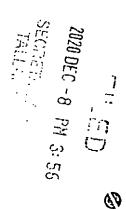
(R	equestor's Name)	
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## **COVER LETTER**

	egistration Se ivision of Cor					
SUBJECT	FLL 825 L	LC		•		
SOBJECT	•	Name of Lin	nited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for Elian			
		ondence concerning this matter	_			
		ALAIN RODRIGUEZ				
			Name of Person	<del></del>		
		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 noti	fication)		
For further	information c	oncerning this matter, please c	all:			
ALAIN RO	DRIGUEZ		305 744-3886			
	Name o	f Person		e Telephone Number		
Enclosed is	a check for th	ne following amount:				
□ \$25.00	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)		
	ailing Addres		Street Address: Registration Sec	etion		
Di	ivision of C	orporations	Registration Section Division of Corporations			
	O. Box 632		The Centre of T	allahassee		
11	ıllahassee, F	L 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLL 825 LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.)	
he Articles of Organization for this Limited Liability Company w	vere filed on 02/22/2012	and assigned
lorida document number L12000025552		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
he new name must be distinguishable and contain the words "Limited Liability	y 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)		<b>20</b> 2
	2	C# <b>6</b>
	14.	
Enter new mailing address, if applicable:		8
Mailing address MAY BE A POST OFFICE BOX)		3
Manning wantess MITT BE 111 OST OF TICE BOX)		<del>- \( \alpha \) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</del>
		<u> </u>
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the na	me of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida _	
	City	Zip Code

## 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.

It 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
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		MIAMI FL 33177	Πn
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fective date, if other than to a effective date is listed, the date of the date inserted in this cument's effective date on the	s block does no	of meet the app	plicable statut	ling or more than ory filing require	(option: 90 days after fili ements, this da	ary ing.) Pursuant to 605 ate will not be list	5.020° ed as
ecord specifies a delayed effer is filed.	tive date, but	not an effectiv	ve time, at 12:	DI a.m. on the ea	arlier of: (b)	The 90th day afte	r the
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ated DEC 2	Signature o	f a member or a	uthorized repre	sentative of a mer	nber	<del></del>	