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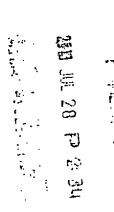
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## **COVER LETTER**

. 188 Al PIE SUBJECT:			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JORGE KUPFEMAN		
	MAMIKE PROPERTY M	Name of Person ANAGEMENT INC	
	2320 HOLLYWOOD BLV	Firm/Company	
	HOLLYWOOD il 33020	Address	
	JORGE@MIAMILIFEREA		,—————————————————————————————————————
For further information c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report not all:	ification)
JORGE KUPFERMAN		786 306-7308	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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)
	ING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

188 AL PIE LLC (Name of the Limited Liability Company as it now appears on our records.

(A Florida Lumited Liability Company)	279 JUL 28	
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/05/2012}{}$		and assign
Florida document number L12000031216	1 - 200 - 1 - 1 -	
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 abbrev	iation "L.L.C
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	
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 recregistered agent and/or the new registered office address here:	cords, <u>enter the</u>	name of
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street a	ddress	
	_, 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, provisions of all statutes relative to the proper and complete performance of my dutie accept the obligations of my position as registered agent as provided for in Chapter t	s, and I am fami	lliar with a

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Ac
MGR	ALDO YANCO	2320 HOLLYWOOD BLVD HOLLWOOD FL 33020	
			Add
			Remove
			Change
MGR	JORGE G KUPFERMAN	2320 HOLLYWOOD BLVD HOLLWOOD FL 33020	
		102010000120000	■ Add
			Remove
			Change
			Add
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			Change
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			Change

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an effect	e date, if other than the date of filing:
<u>Note:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
ocumen	nt's effective date on the Department of State's records.
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli
The 9	Oth day after the record is filed.
1	JUNE 26 2019
ated	
	Signature of a member of author and seventialities of a member
	TODGE CHINDEDMAN
	JORGE G KUPFERMAN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00