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<i>و</i> .		COVER LETT	ER		
TO: Registration Sec Division of Corp					
SUBJECT;	LOS	BRA LLC	÷		
30B3EC1;	Name of Lim	ited Liability Company i			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the fullowing:			
	ELENA DIAZ				
		Name of Person			Sec, Status &
	RICHARDS & SANCHEZ	<b>Z,</b> P.A			
		Firm/Company	<u></u>		
	2665 SOUTH BAYSHOR	e drive, suite 703			
		Address			
	MIAMI, FLORIDA, 3313	3			
	cdiaz@richards-law.com	City/State and Zip Coo			
Por firstbar information on	E-mail address: ( acerning this matter, please c	to be used for future annu	a) report notificatio	un)	
ELENA		305	8589900		
Name of I		at () Area Code		sphone Number	
			, i		
Enclosed is a check for the	following amount:	•	•		
\$25.00 Filing Fee.	S30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fe Certified Copy (additional copy is-		□ \$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy is er	itus &
Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations : 6327 see, FL 32314	Regist Divisio Cliftor 2661 E	ET/COURIER A ration Section on of Corporation 1 Building Executive Center 4 assee, FL 32301	15	

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ARTICLES OF		ENT	
ARTICLES OF C		TION	
LOS BRA L		The on our records	
(Name of the Limited Liability Compa (A Florida Limited I	liability Company)	<u>13 Un Vil / CCOrds.</u> /	
The Articles of Organization for this Limited Liability Company Florida document numberL12000146663	were filed on	11/21/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	<u>ility company h</u>	<u>ere</u> :	9 1 I
he new name must be distinguishable and contain the words "Limited Liabil	ite Comment		IS JUL
Enter new principal offices address, if applicable:		designation "LLC" or the a	S N M
(Principal office address MUST BE A STREET ADDRESS)			
		· <u>····</u> ······	ATIONS
Enter new mailing address, if applicable:		······	<del>ک</del>
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered of	mice address or	our records anter	the name of the ne
registered agent and/or the new registered office address here		t our records, <u>enter</u>	the hame of the ox
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	<u> </u>
		. Florida	
	City	, FIONDB	Zip Code
lew Registered Agent's Signature, if changing Registered Agent:	મ દિવ્યું. આ ગામમાં આ		

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

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

## MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	ARIERO LLC	1600 PONCE DE LEON BLVD	Add
		FLOOR 10 # 82	™
		CORAL GABLES, FL 33134	Change
MGRM	JARHO LLC	1600 PONCE DE LEON BLVD	🖸 Add
		FLOOR 10 # 82	Remove
		CORAL GABLES, FL 33134	Change
MGR	JARHO LLC	1600 PONCE DE LEON BLVD	Add
		FLOOR 10 # 82	Remove
		1600 PONCE DE LEON BLVD	Change
MGR	RAFAEL ATENCIO	من 1600 PONCE DE LEON BLVD	Add
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