Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RAFAEL ACCOUNTING TAX

Account Number : I20130000095 Phone : (305)558-1685 Fax Number : (305)558-4835

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Fmail | Address: | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESTRAME ENTERPRISES, LLC

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October 24, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

ESTRAME ENTERPRISES, LLC 5580 W 16 AVE SUITE 203 HIALEAH, FL 33012US

SUBJECT: ESTRAME ENTERPRISES, LLC

4

REF: L13000012449

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White FAX Aud. #: H20000367708

Regulatory Specialist II Supervisor Letter Number: 720A00021156

PROCENTED AND 7:15

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

27 - 10.16

| ESTRAME ENTERPI | • | 11 11-15 |
|---|--|--------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our record Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on01/24/2013 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC | "or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 5580 W 16 AVE SUITE 206 | |
| (Principal office address MUST BE A STREET ADDRESS) | HIALEAH FL 33012 | |
| Enter new mailing address, if applicable: | 5580 W 16 AVE SUITE 206 | |
| (Mailing address MAY BE A POST OFFICE BOX) | HIALEAH FL 33012 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter</u> | r the name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addre | ໝ |
| | , F | lorida |
| | 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.

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 |
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| Effective date, if other than the control of the control of the date is listed, the date must Note: If the date inserted in this bloedocument's effective date on the Department. | be specific and cannot be prior to ck does not meet the applicat | date of filing or more than 90 de statutory filing requiren | (optional) days after filing.) Pursuant to 6 ents, this date will not be li | 05.0207 (3 isted as th |
| the record specifies a delayed effective cord is filed. | date, but not an effective tin | ne, at 12:01 a.m. on the earl | ier of: (b) The 90th day at | fter the |
| Dated OCTOBER 26 | , 2020 | -/// | | |
| | Signature of a member or author | ized representative of a memb | <u></u> | |
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