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COVER LETTER

TO:

Registration Section

Division of Cor	porations				
	ST WOODS IMPORT	AND EXPORT LLC			
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:			
	ENNA DIEPPA				
		Name of Person			
	KIJOENNA SERVIC	CES INC			
		Firm/Company		Adda.	
	2141 SW 1ST STRE	EET SUITE 110			H DEC
		Address			င္သ
	MIAMI, FL 33135				<u> </u>
		City/State and Zip Code	 		. Alle
	KRISJOENNA@YAH			jā t	00
F		to be used for future annual report noti	neation)		
	concerning this matter, please c				
ENNA DIEPPA		305 6443055			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he 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 Filin Certificate Certified C (additional co	of Statu opy	
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE WEST WOODS IMPORT AND EXPORT 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 Compa Florida document number L13000085170 .	ny were filed on 06/12/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited L	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)		
		Apply Same
Enter new mailing address, if applicable:		
		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Florida _	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	THE FOUR UNITED LLC	2141 SW 1ST STREET SUITE 110	■ Add
		MIAMI, FL 33135	□ Remove
AMBR	ESTEFANIA MONTEIRO	2141 SW 1ST STREET SUITE 110	□ Add
		MIAMI, FL 33135	■ Remove
			8 6
AMBR	BRIAN MONTEIRO	2141 SW 1ST STREET SUITE 110	The state of the
		MIAMI, FL 33135	Remove
	•		
MGR	BRIAN MONTEIRO	2141 SW 1ST STREET SUITE 110	
		MIAMI, FL 33135	■ Remove
MGR	MARCELA LUJAN	2141 SW 1ST STREET SUITE 110	🗖 Add
		MIAMI, FL 33135	Remove
·			
			🗆 Add
			□ Remove

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Effective date, if other than the	ne date of filing:	(optional)	
he effective date must be specific, ca	nnot be prior to date of receipt or filed date and cannot be more than 9	(optional) 00 days after	
The effective date must be specific, can the date this document is filed by the	nnot be prior to date of receipt or filed date and cannot be more than 9	(optional) 00 days after	
The effective date must be specific, can the date this document is filed by the	nnot be prior to date of receipt or filed date and cannot be more than 9 Florida Department of State)	(optional) 00 days after	
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The effective date must be specific, can the date this document is filed by the	nnot be prior to date of receipt or filed date and cannot be more than 9 Florida Department of State) 2014	0 days after	2014
The effective date must be specific, cathe date this document is filed by the Dated DECEMBER 03	nnot be prior to date of receipt or filed date and cannot be more than 9 Florida Department of State) 2014	0 days after	130 4 05
Dated DECEMBER 03	Plorida Department of State) 2014 Signature of a member or authorized representative of a member	0 days after	<u> </u>

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