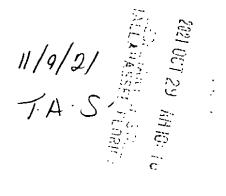


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COVER LETTER

TO:	Registration S Division of Co			
CUDIC	·zr.	FRAIL	LEJON LLC	
SUBJE	CT:		nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please t	return all corresp	ondence concerning this matter	to the following:	
			ALBERTO MORIS	
			Name of Person	_
			MORIS & ASSOCIATES	
Firm/Compаny				
		365	50 NW82nd AVE., SUITE 401	
		- 7 - 7.11	Address	
			DORAL, FL 33166	
			City/State and Zip Code	-
		1	mhelena.garcia@yahoo.com	
		E-mail address: ((to be used for future annual report notification)	
For furt	her information o	concerning this matter, please c	all:	
ALBERTO MORIS		MORIS	305 559-1600 at ()	
•	Name o	of Person	Area Code Daytime Telephone Number	er
Enclose	ed is a check for t	he following amount:		
≡ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
	Mailing Address Registration		Street Address: Registration Section	
	Division of C		Division of Corporations	
	P.O. Box 632	27	The Centre of Tallahassee	
	Tallahassee.	FL 32314	2415 N. Monroe Street, Suite S	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRAILEJON LLC		
(Name of the Limited Liability Company as it not (A Florida Limited Liability Co	nappears on our record mpany)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company were filed	d on07/25/	2013 and assigned
forida document numberL13000105675		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	pany here:	
he new name must be distinguishable and contain the words "Limited Liability Compar	v." the designation "LLC	C" or the abbreviation "L.L.C."
	.y, the designation DD	,
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2021 2.1
		007
inter new mailing address, if applicable:		53 29
Mailing address MAY BE A POST OFFICE BOX)		mit po
Hudding dataress MAT BE AT OST OTTICE BOX		5: 5
N TO THE AMERICAN THE STATE OF		⊕: c
 If amending the registered agent and/or registered office address or ugent and/or the new registered office address here: 	n our records, <u>enter</u>	the name of the new regist
generally of the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Inter Florida street addre	22
	្រា	lorida
Citi	, • '	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>	Name	Address	Type of Action
MGR	Jose I Leon	15375 Southwest 9th Way	□Ađd
		Miami, FL 33194	■Remove
			□Change
			☐Add
			□Remove
			2000年12 (2001年12 (20
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						ASST CO.

Filing Fee: \$25.00