## L13000134786

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## **COVER LETTER**

TO: Registration Se Division of Cor			55
	HOLDINGS LLC		20162
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	MANUEL ALCIBAR		
		Name of Person	
	JACINTO HOLDINGS LI	.C /	
		Firm/Company	
	4310 N.W. 36 AVENUE		
		Address	
	MIAMI, FL 33142		
		City/State and Zip Code	
	malcibar@paradiseawnings	.com to be used for future annual report not	ification)
	oncerning this matter, please c		
MANNY ALCIBAR AND/ OR IRIS HERNANDEZ		305 5975714 at ()	
Name o	f Person	Area Code Doytin	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)
Mailing Addres Registration		Street Address: Registration So	ection
Division of C	Corporations	Division of Co The Centre of	rporations
P.O. Box 632	. /	The Centre of	i ananassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TC		
ARTICLES OF O	RGANIZATION	
OF		70 Fig.
		To die
JACINTO HOLDINGS LLC		To Mark To Mar
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	
(A Florida Limited Li	ability Company)	8.
The Articles of Organization for this Limited Liability Company v	vere filed on 09/24/2013	and assigned 🖔
Florida document number 113000134786		
This amendment is submitted to amend the following:		
and the state of the limited liability	ity oomnany hore:	
A. If amending name, enter the new name of the limited liabil	ny company nere.	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
(Principal office dudress in OST BL A STREET ADDRESS)		<del></del>
	n1 1 0	١.
Enter new mailing address, if applicable:	N P	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ac	ldress on our records, enter the n	ame of the new registered
agent and/or the new registered office address here:		
	,	
Name of New Registered Agent:	N/A	
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, 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. 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 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
OFFICEF	JUAN CARLOS CHAVIANO	4310 N.W. 36 AVENUE MIAMI, FL 33142	<b>=</b> Add
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