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SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

TO: Registration S Division of Co			
CEDICZT.	LA HACIEN	SDA TIOS, LLC.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		GIACOMO BOSSA	
		Name of Person	
		MORIS & ASSOCIATES	
		Firm/Company	or filing. Sollowing: COMO BOSSA ame of Person S. ASSOCIATES Simt/Company Cand AVE, SUITE 401 Address RAL, FL 33166 State and Zip Code A@ANMPA.COM d for future annual report notification) at (
	365	GIACOMO BOSSA Name of Person MORIS & ASSOCIATES Firm/Company 3650 NW 82nd AVE, SUITE 401 Address DORAL, FL 33166 City/State and Zip Code GBOSSA@ANMPA.COM F-mail address: (to be used for future annual report notification) natter, please call: 305 at () Area Code Daytime Telephone Number ount: ling Fee & \$55.00 Filing Fee & \$60.00 Filing fee &	
	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for tiling. urn all correspondence concerning this matter to the following: GIACOMO BOSSA Name of Person MORIS & ASSOCIATES Firm/Company 3650 NW 82nd AVE, SUITE 401 Address DORAL, FL 33166 City/State and Zip Code GBOSSA@ANMPA.COMI E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: GIACOMO BOSSA 305 559-1600	_	
		LA HACIENDA TIOS, LLC. Name of Limited Liability Company mendment and fee(s) are submitted for tiling. cence concerning this matter to the following: GIACOMO BOSSA Name of Person MORIS & ASSOCIATES Firm/Company 3650 NW 82nd AVE, SUITE 401 Address DORAL, FL 33166 City/State and Zip Code GBOSSA@ANMPA.COM E-mail address: (to be used for future annual report notification) cerning this matter, please call: BOSSA at (Area Code Daytime Telephone Number Collowing amount: S10.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Certificate of Certificate of Certificate Copy Certificate of Status Certified Copy Certificate of Certified Copy Certificate Of Certificate Copy Certificate Of Certificate Copy Certificate Copy Certificate Copy Certificate Copy Certificate Copy Certificate Of Certificate Copy Certi	
		City/State and Zip Code	
		mitted for filing. to the following: GIACOMO BOSSA Name of Person MORIS & ASSOCIATES Firm/Company Name of Person MORIS & ASSOCIATES Firm/Company NW 82nd AVE, SUITE 401 Address DORAL, FL 33166 City/State and Zip Code GBOSSA@ANMPA.COM to be used for future annual report notifice all: at (
	E-mail address: (to be used for future annual report	notification)
For further information	concerning this matter, please ca	all:	
GIACO!	MO BOSSA		
Name	of Person	Area Code Day	etime Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA HACIEN	NDA TIOS, LLC.		
(<u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears mited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com Florida document numberL13000162752	npany were filed on	11/20/2013	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	S.S)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			CRETARY OF STATE
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		our records, ente	r the name of the no
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da 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
MGR	SARA B CONTRERAS	14960 SOUTHWEST 9TH LANE	
		MIAMI. FL 33194	■ Remove
			☐ Change
MGR	JOSE CONTRERAS	14960 SOUTHWEST 9TH LANE	
		MIAMI, FL 33194	■ Remove
			Change
MGR —	LUZ A CONTRERAS	14960 SOUTHWEST 9TH LANE	
		MIAMI, FL 33194	■ Remove
			Change
MGR	RAMON A GALINDO	14960 SOUTHWEST 9TH LANE	□ Add
		MIAMI, FL 33194	■ Remove
			☐ Change
MGR	MARIA H GARCIA	14960 SOUTHWEST 9TH LANE	■ Add
		MIAMI, FL 33194	☐ Remove
			☐ Change
			□ Add
			Remove
			Change

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lf an et	ive date, if other than the date of filing:		
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.	i not be liste	ed as
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	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlie	er o
	JULY 16 2018		
Dated			
	/I V # 1/ 1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00