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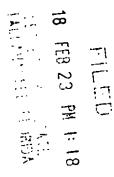
(Requestor's Name)
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J. LEGGETT FEB 2 6 2018

COVER LETTER

TO:	Registration Sec Division of Corp						
CUBA		Y SAVVY TREND STORE LLC					
SUBJECT: Name of Limited Liability Company							
The er	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspoi	ndence concerning this matter	to the following:				
		MARIA DANIELA DIAS	RODRIGUES				
			Name of Person				
		MAVY SAVVY TREND	STORE LLC				
			Firm/Company				
		6957 NW 109TH AVE					
		<u> </u>	Address				
		DORAL, FL 33178					
			City/State and Zip Code				
		info@gozooming.photograp					
			to be used for future annual report notifi	cation)			
For fu	rther information co	oncerning this matter, please co	all:				
MAR	IA DANIELA DIA	S RODRIGUES	305 3335579 at ()				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclo	sed is a check for th	e following amount:					
■ Si	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 ADDRESS:

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

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

MAVY SAVVY TREND STORE LLC					
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>(s.</u>)			
The Articles of Organization for this Limited Liability Comp	pany were filed on 03/26/2014	and assigned			
Florida document number L13000170203					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here:				
DANIELA RODRIGUES LLC					
The new name must be distinguishable and contain the words "Limited	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 ADDRES	S)				
		EB I			
		23 1.7			
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)		3: - 			
		>* <u>`</u> ∞			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		s, enter the name of the r			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street addre.	33			
	Control of the State of the State of the				
<u></u>		lorida Zip Code			
	City	гір Соае			

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00