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COVER LETTER

	ision of Cor					
SHD IFCT.	Down and E	Back LLC				
SUBJECT		Name of Limited Liability Company				
The encloses	4 Amioles of	Amendment and fee(s) are sub	mitted for filing			
Please retun	i aii correspo	ndence concerning this matter	to the following:			
		Juan Jaramillo				
			Name of Person			
		Down and Back LLC				
			Firm/Company			
		2912 NW 72ND AVE				
			Address			
		Miami, FL 33122				
			City/State and Zip Code			
		juan@downandback.com				
			to be used for future annual	report notification)		
For further i	nformation c	oncerning this matter, please ca	all:			
Juan Jarami	l l o			9734		
	Name o	f Person	at () Area Code	Daytime Telephone Number	_	
Enclosed is	a check for th	ne following amount:				
☑ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enc	Certificate of S	Status &	
	niling Addres		Street Ac			
	gistration S vision of C	Section Corporations	-	ntion Section n of Corporations		
	0.5. 400		771 6	ear II I		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 2020, 1.21, 511, 21, 05

Down and Back LLC	H. Linkilite Comm	and a it him appears on our rec	wed.)
(Same of the Complete	V Florida Limited	any as it now appears on our rec Liability Company)	<u>orus.</u>)
The Articles of Organization for this Limited Lia Florida document number 1.13000174053	bility Company	were filed on 12/17/2013	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited lial	oility company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liab	ility Company." the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble;		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	<u>0X)</u>		
		- · · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or reagent and/or the new registered office address	_	address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street ad	
		City	, Florida

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
AMBR	JEREMY MACDONALD	28005 EVERETTE	= Add
		MISSION VIEJO, CA 92692	□Remove
			□Change
AMBR	JUAN A JARAMILLO	2912 NW 72ND AVE	□Add
		MIAMI, FL 33122	□Remove
			■Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change

 				
				
				
				_
				
Effective date, if other than the (If an effective date is listed, the date mos Note: If the date inserted in this ble document's effective date on the Do	t be specific and cannot be prior took does not meet the applica			
he record specifies a delayed effective and is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90th da	ay after the
Dated	2020			
		ATT		
	Signature of a member or author	t. /	mber	
	_	•		
JUAN A JARAMILLO				

Filing Fee: \$25.00