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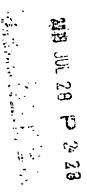
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JUL 11 399 T. LETTEUX

COVER LETTER

Division of Cor	porations		
subject: <u>SAL</u>	Name of Limit	HARE CENTE ited Liability Company	2 LLC
The enclosed Articles of	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	RANG	ON LEYES Name of Person	P. A.
		Firm/Company	
	5035	PALM AVE	
	1-11Al EG	Address L E 330 City/State and Zip Code	<u> </u>
	E-mail address; (t	o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca		
RAMON,	REYES P.A	at (<u>305</u>) <u>\$22 - 2</u> Area Code Daytime	0669
Name of	t Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 ADDRESS: Registration Section		STREET/COURI	

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SALUMEN HESHbest CENTER LLG
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $01/21/2014$ and assigne Florida document number 414000010175
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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 ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of t registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, 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 w

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_bein</u> or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Ac Title Name MGR Alberto HERNANDEZ 8260 W. PLAGIEL ST - Add MIAMI, Fl. 33144 - Change MGR CARIOS A. DÍAZ 6515 COMINS AVE XADA

APT- 1501 - Remove MIAMI BEACH F1. 3314/ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add

☐ Remove

☐ Change

•
E. Effective date, if other than the date of filing: Obligation Dobing Dobing
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.
Dated $06/25$ 2019 .
Signature of a member or authorized representative of a member
ENIEL SICRA Typed or printed name of signee
Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00