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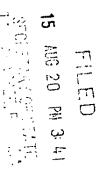
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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AUG 21 ZO15 S. YOUNG

COVER LETTER

TO: Registration S Division of Co				
2130 SW	9 ST LLC, a Florida limited liab		r.	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MARCO DE LA CAL, ES	QUIRE		
		Name of Person		
	MARCO DE LA CAL, P.	Α.		
	····	Firm/Company		
7.c \$	999 Ponce Dc Leon Boule	vard, Suite 735		
		Address		
	Coral Gables, Florida 331.	34		다 (
		City/State and Zip Code		E 1
	DELACAL@AOL.COM			新 20 m
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
MARCO DE LA CAL,	ESQUIRE	305 444-3800 at ()		
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

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

2130 SW 9 ST LLC			
(<u>Name of the Limited I</u> (A	Liability Compa Florida Limited	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liabi	lity Company	were filed on January 22, 2014	and assigned
Florida document number L14000011873	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liab	ility company here:	
			-119 5
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	3301 NE 5th Avenue, #518	
Principal office address MUST BE A STREET		Miami, Florida 33137	が om
			2 1 4 T
Enter new mailing address, if applicable:		3301 NE 5th Avenue, #518	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Florida 33137	
	•		
B. If amending the registered agent and/or registered agent and/or the new registered offic			enter the name of the ne
		≛.	
Name of New Registered Agent:	RACHID LLA	UDY	
New Registered Office Address:	3301 NE 5th A	svenue, #518	
*		Enter Florida street address	
•.	Miami	, Flo	rida <u>33137</u>
•		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>	<u>Address</u>	Type of Action
MGR	MARCO SERNA	9737 NW 41 Street, #577	
		Miami, Florida 33178	■ Remove
•			Change
MGR/AN	ANDRES RAMIREZ	9737 NW 41 Street, #577	
		Miami, Florida 33178	■ Remove
			☐ Change
			5 Add
			Reinove [T]
			□ Change
			☐ Remove
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			Change
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			☐ Change

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			<u>-</u> .	
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ective date, if other than effective date is listed, the date	the date of filing:		(option	al)
effective date is listed, the date e : If the date inserted in thi	must be specific and cannot be s block does not meet the ar	prior to date of filing or unlicable statutory tili	more than 90 days after fil	ing.) Pursuant to 605.02
ument's effective date on the	e Department of State's reci	ords.	ng requirements, mis a	are will not be fisted
				नंद के
ecord specifies a dela	ved effective date, but	t not an effective	time, at 12:01 a r	n on the earlier
he 90th day after the r	ecord is filed.			3 3 3 3
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ed *** 6	2015			1 - 1 - 7
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$\mathcal{M}_{\mathcal{M}}$	WILL			<u>ب</u> ب
	Signature of a member or	authorized representativ	e of a member	
				•

Page 3 of 3

Filing Fee: \$25.00