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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)694-1639

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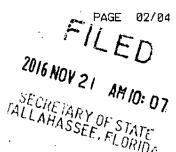
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K. SALY

NOV 22 2016

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

TWILIGHT ESTATES, U.C	12
(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 03/27/2014 and a storida document number L14000050877	ssigned
This amendment is submitted to amend the following:	
the Articles of Organization for this Limited Liability Company were filed on 03/27/2014 and assigned lorida document number L14000050877  This amendment is submitted to amend the following:  The famonding 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 "LLC."  The new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  The new mailing address MAY BEA POST OFFICE BOX)  The amending the registered agent and/or registered office address on our records, enter the name of the new	
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:	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	(Name of the Limited Liability Company, as it now abhears on our records.) (A Florida Lumited Liability Company)  Organization for this Limited Liability Company were filed on 03/27/2014 and assigned at number L14000050877  is submitted to amend the following:  mame, enter the new name of the limited liability company here:  the distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" cipal offices address, if applicable:  address MUST BE A STREET ADDRESS)  ing address, if applicable:  s MAY BE A POST OFFICE BOX)  ag the registered agent and/or registered office address on our records, enter the name of the new t and/or the new registered office address here:  Of New Registered Agent:  Enter Florida street address  Enter Florida street address
	<del></del>
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 naw registered agent and/or the new registered office address here:	e of the new
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 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.

City

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>	Name	<u>Address</u>	Type of Action
MGR	LUIS GALVIZ	175 SW 7th street	■ Add
	•	1511-1512	□ Remove
		Miami, FL 33130	☐ Change
			□ Add
			□ Remove
			Change
			TEST TO THE PERSON OF THE PERS
			Add The Add Th
			S. Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:  ective date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be prior in date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3/6)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the entis effective date on the Department of State's records.
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	11/21/2016
water.	
	Signature of a member or authorized representative of a member
	culturation of a member of antiological telegonative of a member

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