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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 4x4 MIAMI LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
AJELADIO AGUILAR
Name of Person
Firm/Company
50 Biscaunte Burd, #3303,
Address
MIAMI, FL, 33/32 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Average Abolium at (786) 5707850 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \text{Certified Copy} \\ (additional copy is e

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

4x4 namile	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on 04/30/2014 and assigned
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 end with the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12302 SN 1315TAVE. 5) MIAMI, FL, 33186
(Principal office address MUST BE A STREET ADDRESS	5) Mismi, Fly 33186
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12302SH 131ST AVE. MIAMI, FL, 33196
registered agent and/or the new registered office address	
Name of New Registered Agent:	20 BRAVO =
New Registered Office Address: 12302	LSN 1315T AVE
	Enter Florida street address [AMI, FL, Florida 33/32] City Zip Code
New Registered Agent's Signature, if changing Registered Ag	·

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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>11612</u>	PEDRO BRAYO	12302 SW 1319T AVE	Add
		12302 SW 131ST AVE MIAHI, FL, 38132	☐ Remove
			□ Remove
			Add
			☐ Remove
			Remove
			Add
			□ Remove
		1	Remove
	,		

E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated Dated 774 , 744	, and the second	matton, enter change(s) her	(
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)		,		
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)				
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(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)		·		
Dated Joby 777 , Zayy	(The effective date must be specifi-	c, cannot be prior to date of receipt or	filed date and cannot be more than	
	Dated 104 717	1		
Signature of a member or authorized representative of a member		Signature of a member or auth	orized representative of a member	Γ
AU= JANDED AGUILAR		ACELANDRO.	Acuitaz	

Page 3 of 3

Filing Fee: \$25.00