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COVER LETTER

TO:	Registration Solvision of Con	ection rporations		
SUBJEC		151 Street, LLC		
SOBJEC	-1. <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Alfredo Pacheco		
			Name of Person	
			Firm/Company	
		7001 SW 83 COURT		
			Address	
		MIAMI, FLORIDA 33143	3	
			City/State and Zip Code	
		gloriagongora@hotmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information of	concerning this matter, please co	all:	
Alfredo	Pacheco		786 715-6678	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for t	he following amount:		
\$25.0	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 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

1920 NW 151 Street, LLC.			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our lited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on 5/28/2014		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:	CRETA	CONTRACT.
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	on "LLC" of the abb	eviation "L.L.C."
Enter new principal offices address, if applicable:		π τ	F. 85 E
Principal office address MUST BE A STREET ADDRESS	<u> </u>	STATE ORIOA	,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: Alfredo Pa	here:	records, <u>enter t</u>	he name of the
New Registered Office Address:			
New Registered Office Address:	Enter Florida stree	et address	
		, Florida	
 	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>	Address	Type of Action
MGR	Alfredo Pacheco	7001 SW 83 CT. Miami,Fl 33143	
			□ Remove
			☐ Change
MGR	Gloria Gongora	7001 SW 83 CT. Miami,Fl 33143	
			□ Remove
			□ Change
		1 3/- 1/	Remove
			Change
			Remove
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