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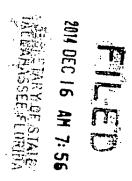
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COVER LETTER

TO:	Registration Section Division of Corpor		•		
CUBIE		ONZALEZ TAVARES,	LLC		
SUBJE	CI:	Name of Limi	ted Liability Company		
The end	closed Articles of An	nendment and fee(s) are sub	nitted for filing.		
Please:	return all corresponde	ence concerning this matter t	to the following:		
		NELSON A. C	GONZALEZ TAVARES		,
			Name of Person		·
		GONZALEZ ¹	TAVARES, LLC		
			Firm/Company		
		5091 SW	154TH PLACE		
			Address		
		MIAMI	, FL. 33185		
			City/State and Zip Code		
		E-mail address: (t	o be used for future annual report notifi	cation)	20
For fur	ther information con-	cerning this matter, please ca	all:	5 procedure 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
N	ELSON A. GON	ZALES TAVARES	at (305) 480-9924		DEC 16
	Name of P	erson		Telephone Number	3 3 1
Enclos	ed is a check for the	following amount:		3	
□ X \$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclose	

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

GONZALEZ TAVARES, LLC

(Name of the Limite	ed Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li. Florida document numberL14000106460	ability Company	were filed on07/03/2014	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of N/A	the limited liabi	ility company here:	
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	N/A	
B. If amending the registered agent and/registered agent and/or the new registered of	fice address her		ter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	S 250
		, Florida	Zip Code
New Registered Agent's Signature, if changing F	Registered Agent:		#E 75
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my duties, and I corovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
DR	GIOMAR VILLEGAS	5091 SW 154TH PLACE	_
		MIAMI, FL. 33185	□ Add
			
		- <u></u>	
			Remove
			□ Remove
			· imp
			Ado
			Refine ve
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			□ Remove

	N/A	
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e effect	ive date must be specific, cannot be publis document is filed by the Florida DOCTOBER 27	rior to date of receipt or filed date and cannot be more than 90 days after repartment of State) 2014 From A. Franklike L.

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