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SECRETARY OF LIATES

	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT:	
Name of	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Jacqueline Hernandez-	Valdes
	Name of Person
Law offices of Jacq üe li	ne Herandez-Valdes, P.A. Firm/Company
2474 Secoffee Terra ce	
Miami, FL 33133	Address
jrhvesq@bellsouth.net	City/State and Zip Code
E-mail addre For further information concerning this matter, pleas	ss: (to be used for future annual report notification)
Jacqueline Hernandez-Valdes	305 860-6015
Name of Person	at () Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy 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

Colai way 60, ELC	
(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 08/06/2014	_ and assigned
Florida document number 1.14000123003	
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 contain the words "Limited Liability Company," the designation "LLC" or the abbre	eviation "L.L.C." 🔫 🔊
Enter new principal offices address, if applicable:	71
	NO NO
(Principal office address MUST BE A STREET ADDRESS)	<u></u> ≥≥
	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
	2 32
	- 1
Enter new mailing address, if applicable:	- 3 3
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
lacksquare	•
B. If amending the registered agent and/or registered office address on our records, enter the	e name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Florida	
, Florida	Ziv Code
i l	,
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 fan	niliar with and
accept the obligations of my position as revisitered 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 limit	ed liability
company has been notified in writing of this ch ange.	

If Changing Registered Agent, Signature of New Registered Agent

or remove	ng Authorized Person(s) authorized to i d from our records:	nanage, enter the title, name, and ag	uress of each person being au
MGR = 1 AMBR =	Manager Authorized Member		
<u> </u>	Name	Address	Type of Action
MGR	Raydel Lorenzo	3171 SW 24 Street	
		Miami, FL 33145	■ Remove
			Change
4GR	Lorenzo irrevocable Trust	3171 SW 24 Street	■ Add
		Miami, Fl. 33145	Remove
			Change
			□ Remove
			☐ Change
			Remove
			Change
·			
			☐ Remove
			Change
		<u>-</u>	Add
			□ Remove
			☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		
		
		
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	_ 7: 5	75 OF A
	66 —	9# (
Effective date, if other than the date of filing:		
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e) The 90th day after the record is filed.	arlier	of:
Dated November 17. 2017		
Signature of a member or authorized representative of a member	_	
Jit equeline Hernandez-Valdes, Esq.	_	
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