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	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.						
	Ema	il Address:					
	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA RUTA 75 LLC						
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T GLASE JUL 10 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAX No.

LA RUTA 75 LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Flonda Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _________ 08/07/2014 _______ and assigned Florida document number ________.

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" of the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:			
New Registered Office Address:	8200 W 33 AVE #3		
	Enter	Florida street address	
	HIALEAH	, Florida ³³⁰¹⁸	
	City	2ip 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.

α)

If Changing Registered Agent, Signature of New Registered Agent

JUL/09/2019/TUE 12:53 PM	FAX No.	P. 003

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

• .

Title	<u>Name</u>	Address	Type of Action
AMBR	RICARDO MELO MARTINEZ	8200 W 33 AVE #3	Add
		HIALEAH, FL 33018	Remove
			🖸 Add
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increase of filing:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	;;;	Ctobs.
<u> </u>	ignature of a member or authorized	representative of a member
RICARDO MELO MAR	TINEZ	
	Typed or printed nam	e of signee