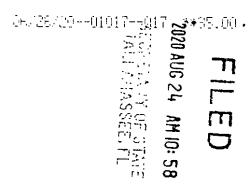
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(Reque	stor's Name)	
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PICK-UP	WAIT MAIL	-
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Certified Copies	Certificates of Status	
Special Instructions to Filir	ng Officer:	

Office Use Only



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COVER LETTER

Division of Cor			
	imaciliC.		
SUBJECT:	100ga/LC: Name of Limi	ted Liability Company	*****
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Juliana Ru	ÁZ	
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	13028 SIN	30th Cauft	
	1000	Address	
	Miramar	FI 22026	
	THIMILON	City/State and Zip Code	
	Juliruizca	FL 3302G City/State and Zip Code ODO D GMGH Color be used for future annual report notif	O(X)
			reation)
For further information c	oneerning this matter, please co	all:	
4 uhana	Ru 2	at (305) 606 5	5094
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		_
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration Sec Division of Corp	
Division of C		The Control of T	•

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our records.)	
pany were filed on <u>G/15</u> and assigned	
liability company here:	
<u> </u>	
ZIZZO AUG ZL AR IO	•
ice address on our records, enter the name of the new register	<u>ed</u>
anc Rull 38. SW 37th COLA Enter Florida street address Florida 33729	
<u></u>	inbility Company here: inbility Company." the designation "LLC" or the abbreviation "LLC." A/A A A A A A A A A A A A A A A A A A

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.

f 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
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Effective date, if of the lift an effective date is lined to the lift the date in document's effective.	serted in this block	does not meet (the applicable st	of filing or more th atutory filing req	(optional an 90 days after filin uirements, this dat) g.) Pursuant to e will not be	605.0207 listed as
e record specifies a rd is filed.	delayed effective da	ate, but not an e	ffective time, at	12:01 a.m. on the	e earlier of: (b) T	The 90th day	after the
Dated	120	·	·				
	Cobosing Chr			epresentative of a r			_

Filing Fee: \$25.00