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PICK-UP	☐ WAIT	MAIL MAIL
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S. YOUNG

COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Co	orporations						
SO MI V	E LLC						
SUBJECT:	Name of Lin	ited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sul	mitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Kenneth Damas						
	LAW OFFICES OF ADO	RNO-CUNILL & DAMAS, PL		3 3 3 3 3 3 3 3 3 3			
		Firm/Company					
	1000 Brickell Avenue		16 JUL 25 PH 2: 03				
		Address		-p			
	Miami, Florida 33131			5.			
	City/State and Zip Code						
	ken@aedfirm.com E-mail address: (cation)					
For further information	concerning this matter, please c	·	·-···,				
Kenneth Damas		305 381-9999					
Name	of Person	at ()	Telephone Number	•			
Enclosed is a check for	the following amount:						
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is a	atus &			
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIE Registration Section Division of Corpora					

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SO	MI	VE	1.1	C

(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 $\frac{09/23/2014}{1}$ and assigned Florida document number L14000148767 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 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) 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: Salvador Padron Gonzalez New Registered Office Address: 150 SE 2nd Ave, Suite 1025 Enter Florida street address Miami , **Florida** 33131 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 egent, Signatur of New Registered Agent

Page 1 of 3

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	1802 Investments Inc.	14750 SW 26 Street Suite 215	
		MIAMI, FL 33185	Remove
			Change
MGR	2274 INVESTMENTS INC	200 Biscayne Blvd., Apt. 508	DAdd
		MIAMI, FL 33131	Remove
			Change
			SEURETAKY
			ASSEE)
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			ವ ಫ್ Add
			Remove
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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 60: [ate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrent's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early ated. The 90th day after the record is filed.	····								ىي —
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Substitute of a member or authorized representative of a member	ated	July 15	20/						
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Salvador Padron	Sa	alvador Padron	1	>					

Page 3 of 3

Filing Fee: \$25.00