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| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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COVER LETTER

| TO: | Registration Sec Division of Corp | | | • | | | |
|-----------------------------------|--------------------------------------|--|---|---|--|--|--|
| CUD | FRESH MI | | | | | | |
| Name of Limited Liability Company | | | | | | | |
| The e | enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Pleas | e return all correspo | ndence concerning this matter | to the following: | | | | |
| | | Steven E. Varela, Esq. | | | | | |
| | | | Name of Person | | | | |
| | | Kellermann Varela PL | | | | | |
| | | | Firm/Company | | | | |
| | | 605 Lincoln RD, STE 400 | | | | | |
| | | | Address | | | | |
| | | Miami Beach, FL 33139 | | | | | |
| | | | City/State and Zip Code | | | | |
| | | steven@kv-pl.com | to be used for future annual report notifi | cation) | | | |
| For f | urther information co | oncerning this matter, please ca | · | | | | |
| Stev | en E. Varela | | 305 479-5676 at () Area Code Daytime | | | | |
| | Name o | f Person | Area Code Daytime | Telephone Number | | | |
| Enck | osed is a check for th | ne following amount: | | | | | |
| S | 325.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, 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

| | City | Zin Co | nde |
|---|--|-------------------------------------|-------------|
| | Miami Beach | Florida 33139 | |
| New Registered Office Address: | 605 Lincoln RD, STE 400 Enter Flori | ida street address | - |
| Name of New Registered Agent: | Kellermann Varela PL | | |
| | | FLORIDE | ස ස |
| B. If amending the registered agent and registered agent and/or the new registered of | | | |
| | | S P | 29 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | E T |
| Enter new mailing address, if applicable: | | | |
| | | | |
| (Principal office address MUST BE A STREE | | | |
| Enter new principal offices address, if appli | cable: | | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the de- | signation "LLC" or the abbreviation | "L.L.C." |
| A. If amending name, enter the new name of | of the limited liability company he | <u>re</u> : | |
| This amendment is submitted to amend the fol | lowing: | | |
| Florida document number L14000162028 | · | | |
| The Articles of Organization for this Limited L | Liability Company were filed on Oct | ober 17, 2014 and | assigned |
| (<u>Cante of the talls</u> | ited Liability Company as it now appears (A Florida Limited Liability Company) | | |
| (Name of the Lim | ited Liability Company as it now appears | on our records.) | |

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 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 | | | |
|--------------|-------------------|--------------------------|-----------------|--|--|--|
| MGR | Amar Bhalla | c/o Kellermann Varela PL | ■ Add | | | |
| | | 605 Lincoln RD STE 400 | ☐ Remove | | | |
| | | Miami Beach, FL 33139 | ☐ Change | | | |
| MGR | Ernesto Rodriguez | 8000 NW 31 ST STE 20 | □ Add | | | |
| | | Doral, FL 33122 | Remove | | | |
| | | | □ Change | | | |
| AMBR | Eric Milon | 8000 NW 31 ST STE 20 | | | | |
| | | Doral, FL 33122 | ■ Remove | | | |
| | | | Change | | | |
| | | | □ Add | | | |
| | | | Remove A Change | | | |
| | | | | | | |
| | | | Remove | | | |
| | | | □ Add | | | |
| | | | ☐ Remove | | | |
| | | | ☐ Change | | | |

| D. If amending a | any other information, | enter cha | ange(s) he | re: (Attach | additional | sheets, if n | ecessary.) | | | |
|---------------------------------------|--|------------------------|---------------|------------------|----------------|---|----------------|---------------------------------------|----------------------|---------------|
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| (If an effective date Note: If the da | , if other than the date e is listed, the date must be spet te inserted in this block do ective date on the Departm | ecific and cocs not me | et the appli | cable statute | ning or more u | ons (op nan 90 days af uirements, t | ici ming.) i i | ursuant to 60 | 05.0207 sted as | (3)(b) the |
| If the record spo (b) The 90th d | ecifies a delayed effe lay after the record is | ctive da s filed. | ite, but n | ot an effe | ctive time | , at 12:01 | a.m. on | the earl | lier of | f: |
| Dated | September 11 | PAD | 2015 | <u> </u> | | | | | | |
| | Signat | ure of a me | ember or auth | orized repres | sentative of a | member | | | | |
| | | Ama | w Bhul | (a ted name of s | ignee | | | | | |

Page 3 of 3

Filing Fee: \$25.00