5/11/2017

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARILI CANCIO JOHNSON P.A.

Account Number : I20160000073 Phone

: (305)967-6329

: (305)470-7453

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT:	
The enc	osed Articles of Amendment and fee(s) are submitted for filing.	
Please r	turn all correspondence concerning this matter to the following:	
	Marili Cancio Namo of Person	
	Marili Cancio Johnson P.A.	
	1395 Brickell Ave, Suite 650)
	Mianu FL 33/3/ City/State and Zip Code	
	Friarili. Cuncio e Cielaio. Ceru.	
For furth	er information concerning this matter, please call:	
	larili Cancio al (786) POS-2332	
	Name of Person Alex Code Cayane Loophone Pomore	
Enclosed	is a check for the following amount:	
5 4. \$25.0	O Filing Fee S \$30.00 Filing Fee & S \$55.00 Filing Fee & S \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) A Certified Copy (additional copy is onclosed)	

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

(Name of the Limited Liability Company	y as it now appears on our records.)	
(A Florida Limited Lin	ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L/4000/76325</u>	vere filed on	and assigned
This amendment is submitted to amend the following:	·	•
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		201 TA
(Principal office address MUST BE A STREET ADDRESS)		-
Enter new mailing address, if applicable:	·	TARY OF A
(Mailing address MAY BE A POST OFFICE BOX)		E S S S
	·	- 5 5
B. If amending the registered agent and/or registered office address here:		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
1.200 1.20 \$10001001 \$2.1100 1.1000 \$200	Emer Florida street address	M
***************************************	, Florid	Xiv Code
	City	ZIP Code
New Registered Agent's Signature, if changing Registered Agent:	·	
I hereby accept the appointment as registered ovent and gavee	to act in this capacity. I furthe	r garee to comply with the

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 filled 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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

AMBR = A	athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Clo Management LL	e 1395 Brickell Ave	D Add
	,	Suite 650	Kemove
		Mianu, FL 33131	☐ Change
MGR	German Paradelo	1920 E Hallandate Bea BIVO	Chorada
		Suite 505 BIVO	☐ Remove
		Hallandale Beach,	
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