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SECRETARY OF STATE
TALLARIASSEE. FLORID

K. SALY EXAMINER SEP 15 2015

COVER LETTER

TO: Registration Section Division of Corporation		,	
SUBJECT: AAE	88 INTERNA Name of Limited L	A TIONE SERVICES Liability Company	UC_
The enclosed Articles of Amendr	nent and fee(s) are submitte	d for filing.	
Please return all correspondence	concerning this matter to the	e following:	
	ANA	Name of Person	
 -		Firm/Company	
	1661 SE	23 57 Address	
	Homena	1 1/ 33033	5
·	505 - Saul	ty/State and Zip Code State and Zip Code	1
For further information concerning	ng this matter, please call:		
Name of Person	autou/le	at (<u>786</u>) <u>663</u> /6 Area Code Daytime Telo	997 ephone Number
Enclosed is a check for the follow	ving amount:		
	0.00 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

ARTICLES OF O	F 2015 SFB
AAE 88 INTERNATION (Name of the Limited Liability Compa) (A Florida Limited Liability Compa)	PA 4: ONAL SERVICES LECCARIARY OF STATE Invas it now appears on our records.) Liability Company) A SEE FLORIOA A SEE FLORIOA A SEE FLORIOA A SEE FLORIOA
The Articles of Organization for this Limited Liability Company Florida document number <u>1150000653</u> 9	were filed on $1/12/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
he new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	8054 HW 66T3 ST
Principal office address MUST BE A STREET ADDRESS)	MIAMI, #1. 33166
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	8054 NW 66Th ST MIAM, FL. 33166
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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 = M $AMBR = A$			FILED	
<u>Title</u>	<u>Name</u>	Address	2015 SEP 11 PM 100	Type of Action
	AN		FILED 2015 SEP 11 PM 4:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	Add
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e record specifies a delaye The 90th day after the rec	d effective date, but not an effective cord is filed.	e time, at 12:01 a.m. on the earl
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ated September	Eduando R. Gor Signature of a member or authorized representa	1
	Edwardo R. Ger	nolls.
	Signature of a member or authorized representation	ative of a member

Page 3 of 3

Filing Fee: \$25.00