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## **COVER LETTER**

	egistration Sec ivision of Corp					
SUBJECT	: <u>+</u> 0	Rtune 717, 1 Name of Lin	Conted Liability Company			
The enclos	sed Articles of A	Amendment and fee(s) are sul	omitted for filing.			
Please retu	ırn all correspor	ndence concerning this matter	to the following:			
		Ana	aman'a Velasque	5		
		\$14.	Firm/Company			
		1000	Brickell Que .	Ste 640	_	
		Wic	ami, Fl 33131 City/State and Zip Code		-	
			Mana D Nexxosy et (to be used for future annual report notifica	atty, com	Ç	
For further	r information co	oncerning this matter, please o	call:			
<u></u>	Aug Name of	man'a Velas	at ( +86 ) 210386 Area Code Daytime T	2 elephone Number	r	
Enclosed	is a check for th	ne following amount:				
\$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ne of Status &	NOISIARI RUOSIARI
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	26 PH 2: 19	CARY OF STATE OF COMPORATION

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	
(A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company  LI5000009948  Librida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME ADDRESS
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	SAME ADDRESS
3. If amending the registered agent and/or registered o	e:
registered agent and/or the new registered office address her  Name of New Registered Agent:	<u>-</u> -
Name of New Registered Agent:	
	Enter Florida street address
Name of New Registered Agent:	
Name of New Registered Agent:	Enter Florida street address, Florida City Zip Code

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	ANAMARIA VELASQUEZ	1000 BRICKELL AVE. STE 640	🖸 Add
		MIAMI, FL 33131	<b>=</b> p
			Change
MGR	FIMC HOLDINGS, LLC	1000 BRICKELL AVE, STE 640	■ Add
		MIAMI, FL 33131	☐ Remove
			☐ Change
MGR	TAKADON, LLC	1000 BRICKELL AVE, STE 640	
		MIAMI, FL 33131	□ Remove
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(If an e	tive date, if other than the dat flective date is listed, the date must be If the date inserted in this block	specific and cannot be prior to da	ne of filing or more than 90 d	lays after filing.) Pursu	ant to 605.0207 (3)(b)
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	Anamaria Velasquez			E S	1.5. URB 1.8.
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Filing Fee: \$25.00