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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	TIO PACO	lle		
SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Limi	ted Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		RENE E COTO, ESQ		
			Name of Person	
		Law Offices of Rene E Cor	to	
			Firm/Company	
		7900 NW 154 ST, #202		·
		-	Address	
		Miami Lakes, FL 33016		
	•		City/State and Zip Code	
		silvio23123@hotmail.com		
			to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
Rene E			305 777-0740 at ()	
	Name o	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne 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 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

(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number L15000022310	iability Company	were filed on $\frac{02/05/2}{2}$	2015 and	
A. If amending name, enter the new name of	of the limited liab		W of share	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation	
Enter new principal offices address, if applie	cable:	9954 NW 86 TER	reprinted to the control of the cont	ထ
rida document number L15000022310 If amending name, enter the new name of the limited liability company here: In amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable: In amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable: In amending address MUST BE A STREET ADDRESS) The state of the state of the new registered agent and/or registered office address on our records, enter the name of the state of the new registered office address here: Name of New Registered Agent: Silvio D'Ostilio				
Enter new mailing address, if applicable:		9954 NW 86 TER		
(Mailing address MAY BE A POST OFFICE	BOX)	Doral, FL 33178		ation "LT.C."
registered agent and/or the new registered o	ffice address her	<u>·e</u> :	r records, <u>enter the na</u>	me of the new
	0054 NW 94 T	ren		
New Registered Office Address:	77,74 IN W 80 I		etraet address	
	Doral	Emer Florida 3	, Florida 33178	
		City	Zip C	ode

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>	<u>Address</u>	Type of Action
MGRM	Francisco Arrocha	8567 Coral Way, #443	Add
		Miami, FL 33155	Remove
			Change
MGRM	Silvio D'Ostilio	9954 NW 86 TER	Add
		Doral, FL 33178	Remove
			□ Change
MGRM	Ricardo Hernandez	10359 NW 30 TERR	Add
		Doral, FL 33172	□ Remove
			Change
			Add
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			□ Remove
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If an effe Note:	ective date is listed If the date insert	ted in this block of	pecific and cannot bloes not meet the ment of State's re	applicable status	iling or more than tory filing require	(optional) 00 days after filing, ements, this date) Pursuant to 605.0 will not be listed	207 (i l as tl
he rec The	ord specifies 90th day aft	a delayed eff er the record	ective date, b is filed.	ut not an effe	ective time, a	t 12:01 a.m.	on the earlier	of:
Dated _.	November 28	May		- Que	ocha			
		0.000		•		, 		
		Sign	ature of a member of	or authorized repr	esentative of a mer	nber		

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Filing Fee: \$25.00