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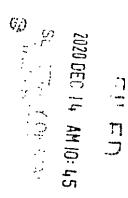
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(Requestor's Name)
(Address)
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COVER LETTER

TO: Registration S Division of Co					
	LC DBA MIAMI SUPERCAR	ROOMS			
SUBJECT:	Name of Lin	nited Liability Company	 		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	THUC MAI KATHY ELO)			
		Name of Person			
	3E SIX LLC DBA MIAM	I SUPERCAR ROOMS			
		Firm/Company	<u> </u>		
	244 NE 85TH STREET				
	Address				
	MIAM1, FL 33138				
		City/State and Zip Code			
	XXXXELO@GMAIL.COM				
For further information	concerning this matter, please c	to be used for future annual report not all:	meanany		
MAI ELO		305 879-9981 at()			
Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	the 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 Addre		Street Address:			
Registration Division of 0		Registration Se Division of Co			
P.O. Box 63:		The Centre of	•		
Tallahassee.	FL 32314	2415 N. Monro	se Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3E SIX LLC DBA MIAMI SUPERCAR ROOMS		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records. .iability Company))
The Articles of Organization for this Limited Liability Company	were filed on 02/06/2015	and assigned
lorida document number L15000022670		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u>69</u>
		020
		EC T
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
		. .
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	ddress on our records, <u>enter tl</u>	ne name of the new regis
gent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	BELLEH, OWEI Z.	The Belleh Law Group, PLLC	⊞ Add
		2525 Embassy Dr, Suite 2, Hollywood	□Remove
		FL 33026-4573	□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
	-	Remove	
			□Change
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MC 4!	ve date, if other than the date of filing: 10.01.2020 (optional)
an effi <u>ote:</u>	ve date, if other than the date of filing: 10.01.2020 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	·
record is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	10.01.2020
ated _	
ated _.	NN 0.000
ated _.	Signature of a member or authorized representative of a member
ated _.	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00