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## COVER LETTER

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*# CXB #X**		nterprises LLC			
UBJE	ol:	Name of Lin	nited Liability Company		<del></del>
he enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
lease re	eturn all correspo	ondence concerning this matter	to the following:		
		Cesar A. Clavero			
			Name of Person		<del></del>
		STRIX Partners LLC			
			Firm/Company		
		1234 South Dixie Highwa	y #329		
			Address		
		Coral Gables, Florida 331	46	ĺ	
		CClavero@strixpartners.co	City/State and Zip Co	de	
		= -	to be used for future ann	ual report notificat	lion)
or furth	er information c	oncerning this matter, please c	all:		
Jesar A	. Clavero		305 at ()	490-0005 	
	Name o	f Person	Area Code	Daytime Te	lephone Number
nclosed	l is a check for th	ne following amount:			
î <b>\$</b> 25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fifing Fe Certified Copy (additional copy is		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Regist Divisi Cliftor 2661 I	ET/COURIER ration Section on of Corporatio Building Executive Center assee, FL 32301	ns

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2017 JUL 31 PM 3: 39
ALLAHASSEE, STATE

**AEEMS Enterprises LLC** 

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lie	ability Company W	re filed o	March 20, 2015	and assigned
	actively consequency			
Florida document number L15000050610	·			
This amendment is submitted to amend the follo			ı	
A. If amending name, enter the new name of			•	
The new name must be distinguishable and contain the w	nede "Limited Liability	Соппапу	the designation "LLC" or the	e abbreviation "L.L.C."
The new name must be distinguishable and contain the w	olds Elithica Escolaty			
Enter new principal offices address, if applica	able:	Same	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREE				
7				<u></u>
		Same		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered offi fice address here:	ce addre	ss on our records, <u>cm</u>	er tue name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		En	ter Florida street address	
			, Florida	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:	,		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree wer and complete p istered agent as pi registered office a	erformai ovided fo	nce of my unities, and i d or in Chapter 605, F.S.	Or, if this document is
	2/1			
	If Chang	ing Regist	ered Agent, Signature of Nev	v Registered Agent

Page 1 of 3

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 Type of Action <u>Address</u> Name | Title 1234 South Dixie Highway #329 Andrea Salvo MGR □ Add Coral Gables, FL 33146 Remove ☐ Change 1234 South Dixie Highway #329 Eduardo Salvo MGR □ Add Coral Gables, FL 33146 Remove ☐ Change 1234 South Dixie Highway #329 Enrique Salvo MGR \_□ Add Coral Gables, FL 33146 Remove \_□ Change 1234 South Dixie Highway #329 Mario Salvo MGR □ Add Coral Gables, FL 33146 Remove ☐ Change 1234 South Dixie Highway #329 Universal Directors Limited MGR ■ Add Coral Gables, Fl. 33146 ☐ Remove T C Remeye 

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Filing Fee: \$25.00