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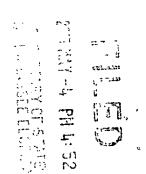
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CUBIC	CLARADO	RA LLC		
SUBJE	.CI:	Name of Lim	ited Liability Company	<del>-</del>
•				
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		MARILI CANCIO, ESQ		
Name of Person CIO MANAGEMENT LLC				
		<del></del>		
1395 BRICKELL AVE-CJLAW, # 800 Address MIAMI, FL 33131				
				-
		MARILI.CANCIO@CJEL	AW.COM to be used for future annual report notification)	_
For fur	ther information co	oncerning this matter, please c	•	5.5
SHAR	ON COX, ESQ		305 967-6329 at ()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Name of	「Person	Area Code Daytime Telephone Nurr	iber 1
Enclose	ed is a check for th	e following amount:		
<b>=</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, Filing

**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

CLARADORA LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del>*</del>	
The Articles of Organization for this Limited In Florida document number L15000072746	Liability Company	were filed on APRIL 24, 2015	and assigne	ed b
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."	<del>,,</del>
Enter new principal offices address, if appli	icable:			<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered			the name of t	the new
				Barray.
Name of New Registered Agent:	N/A		>-71 <b>~&lt;</b>	م <del>درددرده.</del> ۳ از
New Registered Office Address:			-	7
		Enter Florida street address	77 2	111
		. Florida		المورد الأ
		City	Zip Codé	

## 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 Name Title Address **Type of Action** SERGIO DAITSCHMAN MGR □ Add 1395 BRICKELL AVE #800CJLA, MIRMI, F1 33131 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change LE, T. 123 (Petron Add \_\_ □ Remove

☐ Change

□ Add

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<ol> <li>If amending any other information,</li> </ol>	enter change(s) he	ere: (Attach addi	tional sheets, if ned	cessary.)	
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Effective date, if other than the date	of filing: 4/24/15		(opti	ional)	
(If an effective date is listed, the date must be s  Note: If the date inserted in this block d	loes not meet the appl	icable statutory fili	more than 90 days afte ing requirements, thi	r filing.) Pursuant to 6 is date will not be li	05.0207 (3) sted as the
document's effective date on the Depart	ment of State's record	ls.			
the record specifies a delayed eff ) The 90th day after the record		ot an effective	time, at 12:01	a.m. on the ear	
•	. 1			**************************************	
Dated APRIL 30	, (2015)				5.52
Sign	ature of a member or at	horized representativ	ve of a member		
_	\	·		nen konsm	
MARILI CANCIO JOHNSO	\ /	TO MANAGEME	NI LLC- REGISTE	KED AGENT	

Page 3 of 3

Filing Fee: \$25.00