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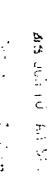
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COVER LETTER

TO:	Registration Se Division of Cor				- Total
	ARBOLAD)A LLC			.
SUBJE	:СТ:	Name of Lim	ited Liability Company	·	,•
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	endence concerning this matter	to the following:		
		Peter M. Lopez, Esq.			
			Name of Person	 	-
		PETER M. LOPEZ, P.A.			
			Firm/Company		-
		1911 NW 150th Avenue, S	Suite 201		
			Firm/Company I NW 150th Avenue, Suite 201 Address broke Pines, FL 33028 City/State and Zip Code		
		Pembroke Pines, FL 33028	3		
		pmlopezpa@yahoo.com			•
		E-mail address: (to be used for future annual re	port notification)	
For fur	ther information c	oncerning this matter, please ca	all:		
Peter N	Peter M. Lopez, Esq. 954 436-6111 at ()				
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclose	ed is a check for th	he following amount:			
≘ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	te of Status &

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

, in testing	ТО	
ARTICLES (OF ORGANIZATION	* J)
	OF	
ARBOLADA LLC	2	
(Name of the Limited Liability) (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	npany were filed on August 3, 2015	and assigned
Florida document number L15000132466		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDRE	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flori	da
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GABRIEL DE LA FUENTE	1911 NW 150th Avenue, Snite 201 Pembroke Pines, FL 33028	. Add
			□ Remove
			☐ Change
MGR	CARMEN OLGA SCRIMINACCI	1911 NW 150th Avenue, Suite 201 Pembroke Pines, FL 33028	□ Adđ
			■ Remove
			☐ Change
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reffective date is lis te: If the date ins	ted, the date must be a erted in this block	specific and cannot be does not meet the a	e prior to date of fili applicable statuto	ng or more than 90 day ry filing requiremen	s after filing.) Pursuan ts, this date will not	it to 605.02 be listed
ument's effective	date on the Depar	tinent of State's rec	cords.			
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	es a delayed ef fter the record		it not an effec	tive time, at 12	:01 a.m. on the	earlier
ed	,	2019				
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Typed or printed name of signee

Filing Fee: \$25.00