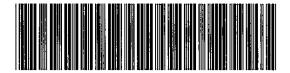
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   | ·  |
|--|--|---|--|
| FLL 1618 L                             |  |   |  |
|  |  | ted Liability Company   | <del></del>  |
| The enclosed Articles of               | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please return all correspo             | ndence concerning this matter                | to the following:   |  |
|  | ALAIN RODRIGUEZ                              |   |  |
|  | <del></del>                                  | Name of Person  |  |
|  | ARCA ACCOUNTING                              |   |  |
|  |  | Firm/Company  |  |
|  | 14171 SW 156TH AVE                           |   |  |
|  | <del></del>                                  | Address   |  |
|  | MIAMI FL 33196                               |   |  |
|  |  | City/State and Zip Code   |  |
|  | ARCAACCOUNTING@H                             |   |  |
|  | E-mail address: (                            | to be used for future annual report notific                         | cation)  |
| For further information c              | oncerning this matter, please ca             | all:  |  |
| ALAIN RODRIGUEZ                        |  | 305 720-4260<br>at ( )  |  |
| Name o                                 | f Person                                     | Area Code Daytime   | Telephone Number   |
| Enclosed is a check for the            | he 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

| FLL 1618 LLC  |  |                             |  |
|---|--|-----------------------------|--|
| ( <u>Name of the Limited Liabil</u><br>(A Florid  | ity Company as it now appears on our record<br>la Limited Liability Company) | is.)                        |  |
| The Articles of Organization for this Limited Liability (   | Company were filed on 08/07/2015   | and assi                    | igned  |
| Florida document number L15000134957  | ·  |                             |  |
| This amendment is submitted to amend the following:   |  |                             |  |
| A. If amending name, enter the new name of the lim  | nited liability company here:  |                             |  |
| The new name must be distinguishable and contain the words "Lir   | nited Liability Company," the designation "LLC                               | C" or the abbreviation "L.I | L.C."  |
| Enter new principal offices address, if applicable:   |  |                             |  |
| (Principal office address MUST BE A STREET ADD  | RESS)  | <u> </u>                    | ===  |
|   |  | S<br>ITI                    | 22 <u>_</u>  |
|   |  | 26                          | 20 36<br>18 81<br>18 18 18 18 18 18 18 18 18 18 18 18 18 1 |
| Enter new mailing address, if applicable:   |  | <u> </u>                    | <u> </u>   |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                             | <u> </u>   |
|   |  | 24                          | <u> </u>   |
| B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent: |  | ls, <u>enter the name</u>   | of the no  |
| New Registered Office Address:  |  |                             |  |
| Hew Registered Office Addiess.  | Enter Florida street addre   | ss                          |  |
|   | , F  | lorida                      |  |
|   | 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          | RICARDO KIRSCHBAUM | 13727 SW 152ND ST STE 214 |                  |
|              |                    | MIAMI FL 33177            | ■ Remove         |
|              |                    |                           | ☐ Change         |
| MGR          | ALICIA INI         | 13727 SW 152ND ST STE 214 | <b>=</b> Add     |
|              |                    | MIAMI FL 33177            | □ Remove         |
|              |                    |                           | Change           |
|              |                    |                           | □ Add            |
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| ective date, if other than the date of a effective date is listed, the date must be specified. If the date inserted in this block does cument's effective date on the Department. | fic and cannot be prior to<br>not meet the applical |                        |                                       | .) Pursuant to 605.0: |
| record specifies a delayed effecti<br>The 90th day after the record is fi   | ive date, but not<br>iled.                          | an effective tim       | e, at 12:01 a.m.                      | on the earlier        |
| SEPT 14   | 2016  |                        |                                       |                       |
|   |   | <b>- ·</b>             | •                                     | 16                    |
| #   |   |                        |                                       | S 9                   |
| Cionatana   | of a member or author                               | ized representative of | a member                              |                       |
| Signature   |   | •                      |                                       | 25                    |

Page 3 of 3

Filing Fee: \$25.00