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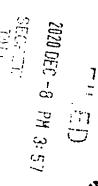
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(Requestor's Name)	
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
FLL 1905 [LC ,	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
SUBJECT:	Name of Lim	ited Liability Company	
The englosed Assistant	Amondana and S. Zakara and		
	Amendment and fee(s) are sub	, and the second	
Please return all correspo	ndence concerning this matter	to the following:	
	ALAIN RODRIGUEZ		
		Name of Person	
	ARCA ACCOUNTING		
		Firm/Company	
	14171 SW 156TH AVE		
		Address	
	MIAMI FL 33196		
		City/State and Zip Code	
	ARCAACCOUNTING@H		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
ALAIN RODRIGUEZ		305 744-3886 at ()	
Name o	f Person		c Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLL 1905 LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company Clorida document number L15000134958	were filed on 08/07/2015	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		s 2 6
Principal office address MUST BE A STREET ADDRESS)		2020 D SEC. SEC.
		<u> </u>
		8
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		က်
		\
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, enter t	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City, Flo	rida Zip Code
	· <i>,</i>	zip cone

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>	Name	Address	Type of Action
MGR	ALICIA INI	13727 SW 152ND ST STE 214	□Add
		MIAMI FL 33177	⊐n
			□ Add
			Remove
			Change
			□Remove
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n effective date is list ote: If the date inse	ther than the date of filing:	5.0207 ted as
cord specifies a de s filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ed DEC 2	. 2020	
	Signature of a member or authorized representative of a member	