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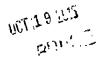
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SECRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: ITO MIAM	1I, LLC			
SOBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Ian G. Bacheikov, Esq.			
		Name of Person		
	Law Office of Ian G. Bach	eikov, P.A.		
		Firm/Company		
	945 Pennsylvania Avenue,	1st Floor		
¢.		Address		
	Miami Beach, Florida 331	39		
		City/State and Zip Code	7AS	
	ian@bacheikov.com		CR O	-17
	E-mail address: (to be used for future annual report notific	ation) III S	
For further information of	oncerning this matter, please ca	all:	16 SSE	
Ian Bacheikov		at (305 249-8000	P. F.	C
Name o	f Person		SECRETARY OF STATE ORIDA	H)
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

(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited L Florida document number <u>L15000146475</u>	iability Company	were filed on <u>8/26/2015</u>		and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liab	pility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the designation	on "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applic	eable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		465 NW 43 Place Miami, Florida 33126	SECRETARY OF STALLAHASSEE, FI	T F F D
B. If amending the registered agent and registered agent and/or the new registered o	or registered o	ffice address on our r e:	records, enterative	name of the new
Name of New Registered Agent:	Ian G. Bacheik	ov, Esq.		
New Registered Office Address:	945 Pennsylva	nia Avenue, 1st Floor Enter Florida stree	et address	
	Miami Beach	City	, Florida <u>33139</u>	Lip 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>	Address	Type of Action
OWNER	Garcia, Andres E	14969 SW 9th Way	Add
		Miami, Florida 33194	≅ Remove
			Change
OWNER	Olea, Larry M.	465 NW 43 Place	
	Miami, Florida 33126	■ Remove	
			□ Change
MGR	Olea, Larry M.	465 NW 43 Place	= Add
		Miami, Florida 33126	Remove
			Change
			TALLAHASSEE, FLORIDA
			□ Remove
			Change
			Remove
			Change

D. If amending any other informa	tion, enter enange(s) nere. (7)	nuon uuumonaa saeeis, y nee	essary.j	
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			2015 SEC	
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			TARY ASSE	hadind I
			PG A	
			IT: 09	
T. Effective data if other than the	data of filings	(ont	ional)	
E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be prior to dat lock does not meet the applicable s	e of filing or more than 90 days after statutory filing requirements, the	er filing.) Pursuant to 605.0	0207 (3)(t d as the
If the record specifies a delayed (b) The 90th day after the rec		effective time, at 12:01	a.m. on the earlie	r of:
Dated October 14	2015			
	Signature of a member or authorized	representative of a member	· · · · · · · · · · · · · · · · · · ·	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00