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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	÷#)
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(Do	cument Number)	
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COVER LETTER

	ion Section of Corporations			
SUBJECT:	LIA, LLC			
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed Artic	les of Amendme	nt and fee(s) are sul	omitted for filing.	
Please return all co	rrespondence co	ncerning this matter	to the following:	
	FRAN	ICOIS MONOT		
			Name of Person	
	ALEL	IA, LLC		
			Firm/Company	
	20801	BISCAYNE BOUI	LEVARD SUITE 403 # 1001	
	4.00.4		Address	
	AVEN	NTURA, FL 33180		
		······	City/State and Zip Code	
	FABR		TING@GMAIL.COM	
For further informa	tion concerning	this matter, please c	(to be used for future annual report no all:	affication)
FABRICE HERZS	_	· 1	786 521-3977	
Ŋ	lame of Person		at () Area Code Dayti	me Telephone Number
Enclosed is a check	t for the following	ng amount:		
■ \$25.00 Filing F		00 Filing Fee & rtificate 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 Limited Lie	
(A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number £15000147672	Company were filed on 08/28/2015 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "I	cimited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD.	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
registered agent and/or the new registered office a	
Name of New Registered Agent:	Enter Florida street address , Florida
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	Enter Florida street address

Page 1 of 3

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
MGR	FMVD HOLDING LLC	20801 BISCAYNE BOULEVARD	= Add
		SUITE 403 # 1001	☐ Remove
		AVENTURA, FL 33180	☐ Change
			□ Add
			Remove
			☐ Change
			Add
			Remove
			Change
		Add	
		□ Remove	
			☐ Change
			□ Remove
			Change Change Change
			RETARY OF STATE
		•	Change

,	on, enter change(s) here:	(Anach additional sheet	s, ij necessary.)	
				
				<u>. </u>
				
				
			-	
Effective date, if other than the date in a effective date is listed, the date must be Note: If the date inserted in this blockdocument's effective date on the Department.	e specific and cannot be prior to k does not meet the applicab	date of filing or more than 90		
ne record specifies a delayed of The 90th day after the recor		an effective time, at	12:01 a.m. on the ea	arlier o
Dated	2015	_ ·		
			,	,

Page 3 of 3
Filing Fee: \$25.00

Typed or printed name of signee