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(Ad	dress)		
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(Cit	ty/State/Zip/Phone	e #)	
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Certified Copies	Certificates of Status		
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COVER LETTER

TO: · Registration Sec Division of Corp		
SUBJECT:	Discover Cuba, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ondence concerning this matter to the following:	
	Anayansy Ramos	
	I sauto of I 613011	
	Mia Ragazza Finn/Company	
	8061 W 36 Ave #1 Address	
	Hialeah, FL 33018 City/State and Zip Code anayonsyramos@hofmail.eom. E-mail address: (to be used for future annual report notification)	
	City/State and Zip Code	
	anayansy ramos & hotmail . eom.	
For further information co	concerning this matter, please call:	
	y Ramos at (786) 663 3567. Area Code Daytime Telephone Number.	
Name of	f Person Area Code Daytime Telephone Number of	2016
Enclosed is a check for th	he following amount:	2016 APR 21
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy Certificate	. 0

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

Discover Cuba	, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on 9/1/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Mia Ragazza, The new name must be distinguishable and contain the words "Limited Liability".		
Enter new principal offices address, if applicable:	8061 W 36 AM Haleah, FL) #/
(Principal office address MUST BE A STREET ADDRESS)	Haleah, FL	33018
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
	- 1	2 7
New Registered Office Address:	Enter Florida street address , Florida City	
	, Florida	
	City	Zip Gode
New Registered Agent's Signature, if changing Registered Agent:	ت <u>ن</u>	J

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
	N/A·		□ Add
			□ Remove
			Change
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Filing Fee: \$25.00