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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: ALVAREZ, SUAZO & ASSOCIATES Account Name

Account Number: I20130000076

Phone

: (305)388-7028 : (305)479-2705

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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K. SALY

MAY - 1 2018

ARTICLES OF AMENIMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE

	ROCINAJU.			
(Name of the Lim	ited Liability Compa (A Florida Limited l	ny as it now appea Liability Company)	irs on our records.)	
The Articles of Organization for this Limited I Florida document number <u>L15000149926</u>	Liability Company	were filed on _	09/01/2015	and assigned
Florida document number	·			
This amendment is submitted to amend the fol	lowing:	Start state		
A. If amending name, enter the new name	of the limited liab	ility company h	ere:	
N/A		•		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
		1. [3]	:	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
				
B. If amending the registered agent and registered agent and/or the new registered (n our records, <u>ent</u>	er the name of the
Name of New Registered Agent:	N/A			
New Registered Office Address:		. ,		•
		Entry Flo	rida streci address	
		City -	, Florida	Zin 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 from 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 ROBERT V PEREZ 2780 NE 183RD ST, APT1001. □ Add AVENTURA, FL 33160 Remove ☐ Change AMBR CINAJUARO CORPORATION 2780 NE 183RD ST, APT1001. □ Add AVENTURA, FL 33160 Remove □ Change **AMBR** ROBERT V PEREZ 2780 NE 183RD ST, APT1001 .■ Add AVENTURA, FL 33160 ☐ Remove ☐ Change 三名 뜛 Remodel Company □ Remove ☐ Change □ Add astuw, Luur □ Remove

☐ Change

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Signature	of a member or authorized representative of a member	-

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