Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Γo:

Division of Corporations

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From:

Account Name : INCORPORATING SERVICES FL

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: (850)656-7956

Fax Number : (850)656-7953

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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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARLOS Y DARIO LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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JAN 18 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | S Y DÁRIO LIÉ: | |
|---|---|---------------------------|
| (Name of the Limited Liability Co. (A Fiorida Limi | mpany as it now appears on our records.) ted Liability Company) | |
| The Articles of Organization for this Limited Liability Compa | any were filed on 9/8/2015 | and assigned |
| Fiorida document number L15000149973 | | |
| This amendment is submitted to amend the following: | <u>.</u> :- | • |
| A. If amending name, enter the new name of the limited ! | iability company here: | |
| The Juju Agency LLC | | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | ······································ | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | · <u>· · · · · · · · · · · · · · · · · · </u> | |
| • | | |
| B. If amending the registered agent and/or registered | l office address on our records, <u>ente</u> | |
| registered agent and/or the new registered office address | <u>acre</u> : | 96 18 |
| | | SOUS CA |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | 7 |
| | Enter Florida street address | ₹ |
| | , Florida | |
| · | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Age | ent: | - - |

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 $AMBR = A$ | lansger .uthoriz e d Member | | |
|--------------------|---------------------------------------|---------|---|
| Title | <u>Name</u> | Address | Type of Action |
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DIVISION OF CORPORATIONS

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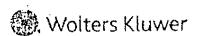
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| FROM | Kimberly Laughrey | |
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Shannon Ebright Associate Fulfillment Specialist CT Corporation

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January 16, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CARLOS Y DARIO LLC 7950 NW 53RD ST STE 337 MIAMI, FL 33166

SUBJECT: CARLOS Y DARIO LLC

REF: L15000149973

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Judy A Leggett Regulatory Specialist II Registration Section FAX Aud. #: N18000015620 Letter Number: 818A00000871

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JAN 1 7 2018