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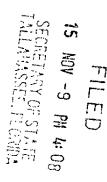
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November 3, 2015

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE.:

CONINFRA, LLC

DOCUMENT NO. L15000177441

Dear Sir/Madam:

We respectfully submit to you the enclosed Articles of Amendments along with check in the amount of \$25.00 for filing.

If you have any further questions, please do not hesitate to contact us.

Respectfully

Christopher Tyrrell, Esq.

Partner

The Calderaro Tyrrell Law Group

COVER LETTER

Division of Co					
CONINFR SUBJECT:	A, LLC				
SUBJECT.	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	SANDRA R. CALDERAI	RO			
		Name of Person			
	CALDERARO TYRRELI	L LAW GROUP			
		Firm/Company			
	6301 NW 5TH WAY, SU	ITE 2000	ا غ	IM T	
		Address			-η
	FORT LAUDERDALE, F	L 33309		155. 155. 1-9	
		City/State and Zip Code	-		
	rcalderaro@visamiami.com		·	S = 4	-
		to be used for future annual report notif	ication)	野田 と	2
For further information of	concerning this matter, please c	all:		,	
Nonna Kaschkarow		954 376-6161			
Name o	of Person		e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status	

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

CONINFRA, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L15000177441	pany were filed on October 19, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u>(S)</u>	normi
		28 5
		三型 夏 カ
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		Fig. 1
		RS E
		지 8
3. If amending the registered agent and/or registeregistered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	ı
	City	Zip 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
AMBR	MILDRED GOMEZ	9531 SEAGRAPE DRIVE	
		APT. 308	Remove
		DAVIE, FL 33324, US	Change
AMBR	JACLEL, LLC	9531 SEAGRAPE DRIVE	
	APT. 308	APT. 308	Remove
		DAVIE, FL 33324, US	□ Change
			Add
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