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Florida Department of State

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COVER LETTER

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		,			
Please retu	ım all correspo	ondence concerning this matter	r to the following:		
	•	CARLOS GARCIA, ESQ).		•
			Name of Person		-
		CARLOS GARCIA P.A.	•		
			Firm/Company		· ·
	•	500 SOUTH DIXIE HWY	7. STE 202		:
•			Address		•
		CORAL GABLES, FL 33	146	٠.	
			City/State and Zip Code		•
		E-mail address:	(to be used for future annual report no	tification)	٠.
Por further	information c	oncerning this matter, please o	, -		
CARLÓS (garcia, esc	ς.	305 779-2479		
	Name of	f Person		ne Telephone Number	
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		stion Section n of Corporations	Registration Section Division of Corpo	חם	
	P.O. Bo		Cliffon Building 2661 Executive Co	enter Circle	

H12000926

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our recor alted Liability Company)	·ds.)			
The Articles of Organization for this Limited Liability Company were filed on 10/21/2015				
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liability company here:				
Liability Company," the designation "LL	C" or the abbreviation "L.	L.c."		
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	liability company here: Liability Company," the designation "Libility Company," the designation the designation the designation of the design	liability company here: Liability Company," the designation "LLC" or the abbreviation "L. S.		

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

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:

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