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-	(Address)
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	(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Se Division of Cor	porations	"		
SUBJECT:M	ARTIN B	LUE 1601 L	LC	THE SERVICE STREET, ST
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspo	ndence concerning this matte	r to the following:		190 sp
	Oscar	Martin Mo	220 VVA	
		Firm/Company		
	3371 5	SW 195 Ter. Address	ace	
	Miram	ar, FL 330	29	
	OM Gr E-mail address:	City/State and Zip Code Lin 2227 Q Va (to be used for future annual report notif	hoo.es	
For further information co	ncerning this matter, please c		isationy	
Oscar Ma	artin Mazo	<u>rra</u> at (<u>959</u>) <u>740</u> – Area Code Daytime	0754	
Numb of	Claur	Area Code Daytime	relephone Number	
Enclosed is a check for the	: following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy ((additional copy is enclosed	
			[
Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations : 6327 see, FL 32314	Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	tions ater Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Control of the Co Florida document number L 15000179606 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 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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 = Au	uthorized Men	nber					1	
<u>Title</u>	Name			<u>Addre</u>				Type of Action
MGR	Oscar	Martin	Maza	vra	3371 SW	195	Terrace.	M Add
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ivote: It t	date, if other than the date of filing:
ne record The 90	d specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of the day after the record is filed.
Dated	Gepkinser 19th, 2019. Cheartur
	Chearles
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00