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## **COVER LETTER**

O: Registration Section Division of Corporations			
SUBJECT: Number Name of	Cad Prechain L FLimited Liability Company	LC.	
he enclosed Articles of Amendment and fee(s) are	submitted for filing.		
lease return all correspondence concerning this ma	atter to the following:		
Ration 1701 NW	Motonno. Name of Person  Company  Firm/Company  112 Th Au Qui	£, 107.	
billing Uni E-may addre	Address  City/State and Zip Code  ited 14 @ marl ( ess: (to be used for future and ual report notification)	7 ALLAHASSEE	***************************************
or further information concerning this matter, plea	se call:	י די	
hadel Hardram	at (305) 30	3-3481 \$7 5 e Telephone Number	
	/ ned code Daylink	releptione (valide)	
nclosed is a check for the following amount:			
\$25.00 Filing Fee \$\times \text{ Certificate of Status}	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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

(A Florida Limited L	is as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number (2) 19 000 19 67 39	were filed onand assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11304 NW 515T Ter
Principal office address MUST BE A STREET ADDRESS)	Doral FL 33178.
Internew mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	11304 NW 515+ Ter Poral FL 33170
3. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here  Name of New Registered Agent:	ice address on our records, enter the name of the new
	T T T
New Registered Office Address:	Enter Florida street address
	City Zip Code
Lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as precing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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:

1GR =	Manager
MBR =	<b>Authorized Member</b>

Litte	<u>Name</u>	<u>Address</u>	Type of Action
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an effective date	e inserted in this bl	st be specific and can lock does not meet	the applicable	ate of filing or more statutory filing re	than 90 days	optional) after filing.) P , this date wi	ursuant to 605.0 Il not be listed
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Filing Fee: \$25.00