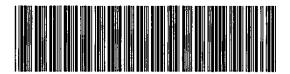
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	,
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Office Use Only



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M. Garages DEG-2 9 2015

CQVER LETTER .

TO: Registration Secti Division of Corpo		·	
SURIFCT:	Verona Pi	220 UC	
Sebater			
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
		aac Emano	
		Name of Person	
		P: 40	
	·	Firm/Company	
	325 €	Dania Bch Blvd 5	te_213
		Address	
	Dania F	3ch 7L. 33004	
		City/State and Zip Code	
	ronny em E-mail address: (1	ano amail. com	fication)
For further information conc			
Isaac	Emano	954 \ 9 2 6	36 00
Division of Corporations Verong P1320 UC Name of Limited Liability Company Please return all correspondence concerning this matter to the following: Image: Total Company			
Enclosed is a check for the f	ollowing amount:		
		□ \$55.00 Filing Foo &	□ \$60.00 Eiling Egg
eq 325.00 I ming rec		Certified Copy	Certificate of Status & Certified Copy

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

FILED

245 DEC 28 PM 2: 55

SECKETARY OF STATE
FALLAHASSEE FLOOMS

Vierona Pi	عكم للا		**************************************
(Name of the Limited Liab (A Flor	ility Company as it now appears ida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	12/09/2015	and assigned
Florida document numberL15000205520			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company," the de	signation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			_
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on	our records, enter	the name of the n
registered agent and/or the new registered office ad	turess nere:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
		, Florida	
	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
MGR	John Finderisen	10575 5kl 109 ^{TL} Cover Miami FL.	ろい予6 □ Add
			Remove
			Change
			□ Remove
			Change
			□ Add
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an effe ote: I	tte, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	7 (3)(b)
reco	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of day after the record is filed.	f:
ated _	December 22nd, 2015.	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00