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COVER LETTER

TO:								
cumu		(, LLC						
SUBJE	sc1:	Name of Lin	oited Liability Company					
			_					
Please	return all correspo	ndence concerning this matter	to the following:					
		M.L. Posada						
			Name of Person					
Name of Person Landa-Posada P.A. Firm/Company 6080 SW 40 Street, Suite 4 Address Miami, Fl. 33155 City/State and Zip Code MPOSADA@LPM-LAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: M.L. Posada Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25,00 Filing Fee \$\text{Certificate of Status}\$ Certified Copy Certificate of Certificate of Copy								
		ERONEX, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. It correspondence concerning this matter to the following: M.L. Posada Name of Person Landa-Posada P.A. Firm-Company 6080 SW 40 Street, Suite 4 Address Miarni, Fl. 33155 City/State and Zip Code MPOSADA@LPM-LAW.COM E-mail address (to be used for future annual report notification) rmation concerning this matter, please call: 305 Name of Person Name of Person Area Code Daytime Telephone Number neck for the following amount: ang Fee Status Status Certified Copy Certificate of Status Status Certified Copy fadditional copy is enclosed) Certificate of Status Status Status Certified Copy fadditional copy is enclosed)						
		6080 SW 40 Street, Suit	te 4					
			Address	_				
		Miami, Fl. 33155						
		E-mail address: (to be used for future annual report notif	ication)				
For fur	ther information co	oncerning this matter, please c	all:					
M.L. P	osada							
	Name of	Person		Telephone Number				
Enclose	ed is a check for th	e following amount:						
■ \$2 5	5.00 Filing Fee		Certified Copy	Certificate 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

(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	ur records.)		
The Articles of Organization for this Limited Florida document number L16000002930			and assigned		
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designar	ion "LLC" or the abbre	viation "L.L.	C."
Enter new principal offices address, if appl		8333 NW 53rd Stree			_
Principal office address MUST BE A STRE		Suite 450			
		Miami, Fl. 33166		2	- 公元 スロ
				2	00 20 20 30 30 30 30 30 30 30 30 30 30 30 30 30
Enter new mailing address, if applicable:		8333 NW 53rd Stree	et	<u>P</u>	
Mailing address MAY BE A POST OFFICE	<u> </u>	Suite 450		œ	2
		Miami. Fl. 33166		25	CORPORATIONS
B. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:	d/or registered of office address her Jorge P. Sepu	<u>e</u> :	records, <u>enter th</u>	e name o <u>f</u>	<u>the</u>
	9222 NUAL ED C	Street, Suite 450		<u>-</u> "	
New Registered Office Address:	New Registered Office Address: 6333 NW 53				
	Miami	Enter Florida stre		3	
		Citr	Florida <u>3316</u> 6	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>	<u>Address</u>	Type of Action
MGR	Jorge P. Sepulveda	8333 NW 53rd St.	
		Suite 450	☐ Remove
		Miami, Fl. 33166	☐ Change
MGR	Camila Restrepo	8333 NW 53rd St.	⊟ Add
		Suite 450	
		Miami, Fl. 33166	Change
			
			Remove
			Change
			
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