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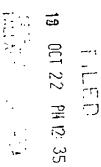
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COVER LETTER

	Registration Sec Division of Corp					
enn træ	1901 FILLMORE, LLC					
SUBJEC	· ;	Name of Limited Liability Company				
The enclos	sed Articles of /	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ırn all correspor	ndence concerning this matter	to the following:			
		THAMARA PEREZ				
			Name of Person			
		TABADESA ASSOCIAT	ES INC			
		•	Firm/Company			
		419 W 49 ST STE 111				
			Address			
		HIALEAH, FL 33012				
		City/State and Zip Code				
		TAMMYP@TABADESA.COM				
		E-mail address: (to be used for future annual report notif	ication)		
For further	rinformation co	ncerning this matter, please co	all:			
THAMAE	RA PEREZ		305 558-0622 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed i	s a check for the	e 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)		

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

1901 FILLMORE, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records Florida Limited Liability Company)	<u>i.)</u>
The Articles of Organization for this Limited Liab	ility Company were filed on 01/19/2016	and assigned
Florida document number 1.16000012605	·	
his amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	د ،
		دي
he new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicab	le:	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET.	ADDRESS)	
		بہ ۔
		F 01
Inter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE BO	DX)	
3. If amending the registered agent and/or	registered office address on our records	. enter the name of the no
egistered agent and/or the new registered offic		
Name of New Registered Agent:		
New Registered Office Address:	1000	
	Enter Florida street address	
	. Flo	rida
	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>	Name	<u>Address</u>	Type of Action
MGR	DON CHUMA, LLC	3300 NE 191ST STREET	■ Add
		1007	☐ Remove
		AVENTURA, FL 33180	
			Add
			Remove
			Change
			Add Remove
			2 7
			□ Ghange
			Remove
			Change
			□ Add
			Remove
		0.0001	□ Change
		_	Add
			□ Remove
			Change

	
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	<u> </u>
	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of ote: If the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 iling requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	
Andrés Henderson Signature of a member or authorized representa	
Andria Handreson	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00