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COVER LETTER

CHD IECT.		ma Envios Llc	
SUBJECT:	Name of Lin	tited Liability Company	
		_	
Neluma Envios Llc Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: NELSON L. MARTINEZ			
		NELSON L. MARTINEZ	
		Name of Person	
		MANAGER	
		Firm/Company	
	2020	NW 129TH AVE SUITE 208	
		Address	
	1NF-		
		-	fication)
For further information c	oncerning this matter, please c	all:	
NELSON L.	MARTINEZ		
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			* *

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Neluma Env	·	意味。透
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on02/23/2016	and assigned
Florida document number L16000037952	- '	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	pility company here:	
· · · · · · · · · · · · · · · · · · ·		هين _{جي ر} يس
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	№
Enter new principal offices address, if applicable:	2020 NW 129TH AVE	SEP TI
(Principal office address MUST BE A STREET ADDRESS)	SUITE 208	19
	MIAMI, FL 33182.	= 5
Enter new mailing address, if applicable:	2020 NW 129TH AVE	CO : 09
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 208	-
	MIAMI, FL 33182.	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		r the name of the nev
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	2
New Begintered Aponto Signature if shancing Decisional Aponto	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agra-	ee to act in this capacity. I further a	gree to comply with the

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
		-	
		·	□ Remove
		Change	
			Add
			Change
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Remove
			☐ Change

. 11 411	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	JULY 23 2019
	Signature of a member or authorized representative of a member
	NELSON L. MARTINEZ
	Typed or printed name of signee

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Filing Fee: \$25.00