(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE

** SULKER SEP 1 6 2019

COVER LETTER

TO: Registration S Division of Co	rporations			
SUBJECT: CC	untrails h	lanage mer	\wedge $+$	LLC
	Name of Lim	nited Liability Company		-
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Enriqu	se Plaser	ncia	_
	Contrail	S Manager Firm/Company	ment	- LLC
			1	
		57015W 30		
	M	Address FC	- 331	55
		City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	fication)	-
For further information of	concerning this matter, please c	all:		
Enrique	Plasencia	at (<u>786)</u> 280 Area Code Daytim	-795	1
Name o	of Person	Area Code Daytim	e Telephone Numb	er er
Enclosed is a check for t	he following amount:			
♥ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee. cate of Status & ed Copy ad copy is enclosed)
Regist Divisio	ING ADDRESS: ration Section on of Corporations tox 6327	STREET/COURI Registration Section Division of Corport Clifton Building)n	
Tallah	assee, FL 32314	2661 Executive Ce	enter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	rent LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number \(\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ere filed on 3/29/16 and assigned 44
A. If amending name, enter the new name of the limited liability	ty company here:
The new name most be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	57015W 305F Miami FL 33155
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5701 SW 30 SF Miami FL 33155
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the name of the ne
Name of New Registered Agent: New Registered Office Address:	rique Plasencia
	Enter Florida street address 1 Cury Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fa relli ar with and ovided for in Chapter 605, F.S. Or, if this document is
If Changi	ng Registered Agent, Signature of New Registered Agent
Page 1 c	of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	Jose C. Herrera	15541 SW 54 Ferr	
		19941 SW S4 Ferr Miauri & 33189	Remove
			□ Change
			🗆 Add
			□ Remove
			Change
			
			Remove
			Change
			Add
			Remove
			□ Add
			Remove
			Change
			🗅 Add
			Remove
			□ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	tive date, if other than the date of filing: 10 10 10 10 10 11 12 13 15 15 15 12 15 15 15 13 15 15 14 15 15 15 16 16 16 16 16 17 17 18 18 19 19 10 19 10 19 10 19 11 19 12 19 13 19 14 19 15 19 16 19 17 19 18 19 19 10 10 11 12 13 14 15 16 17 17 18 18 19 19 19 10
the re) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Datec	8/20/19
	Signature of a member of a member
	Eurique Plasencia Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00