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SECRÉTARY OF STÁTC FALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration So Division of Co			
MandelLa SUBJECT:	LAW MANT	DEL PUC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JudahMandel		
		Name of Person	
	MandelLaw		
		Firm/Company	
	7610NE ct. Suite103		
		Address	(
	Miami FL, 33138		•
		City/State and Zip Code	
	jmandel@lawmandel.cor	n to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	•	Cation
JudahMandel	- ,	305 900-5996	
Name	of Person	at (at Code Daytime	Telephone Number
Enclosed is a check for	the 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)
MAII	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

TO:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOI6 OCT 31 PM 1: 49

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Florida document number 81-2211541 L16 0000652 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7610NE ct. Suite103 Enter new principal offices address, if applicable: Miami FI, 33138 (Principal office address MUST BE A STREET ADDRESS) 7610NE ct. Suite103 Enter new mailing address, if applicable: Miami FI, 33138 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

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= M AMBR= A	lanager uthorized Member		FILED 2016 OCT 31 PM 1: 49		
<u>Title</u>	Name	Address	SECRETARY PM 1:49	Type of Action	
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Affective date, if other than the of an effective date is listed, the date must	date of filing:	late of filing or more than 90 d	_ (optional) avs after filing.) Pursuant to 605 (0207 (
Note: If the date inserted in this blo locument's effective date on the De	ck does not meet the applicable	e statutory filing requireme	nts, this date will not be listed	d as ti
de la comment y encouve date on the De	partificiti of State 3 feedras.			
e record specifies a delayed The 90th day after the reco		n effective time, at 1	2:01 a.m. on the earlie	r of:
October28	, 2016			
	Judah Man	dol		
	Signature of a member or authorize	ed representative of a member		

Page 3 of 3

Filing Fee: \$25.00