Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CORP USA

Account Number : 072450003255

Phone Fax Number : (305)634-3694 : (305)633~9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \* 💬

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIAJES 11.11 LLC

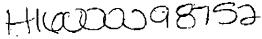
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIAJES 11.11 LLC					
(Naum of the Lind	(A Florida Limited I	my as it new appears on our r Liability Company)	ecōrd <u>a</u> )		
The Articles of Organization for this Limited I	iability Company	were filed on 04/12/2016	and ess	igned	
Florida document number L16000071947					
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name :	of the limited liab	ility company here:			
<u> </u>					
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.	L.C."	
Enter new principal offices address, if applicable:		16964 SW 92 STREET			
(Principal office address MUST BE A STREE	ET ADDRESS)	KENDALL, FL 33196			
		こくらくる さいこひゃ のやか 質問を			
Enter new mailing address, if applicable:		16964 SW 92 STRBET			
(Mailing address MAY BE A POST OFFICE	KENDALL, FL 33196				
				ਰ	
B. If amending the registered agent and	l/or registered of	ffice address on our re	cords, enter the name	_	
registered agent and/or the new registered of	office address her	<u>'</u> E:			
				20	
Name of New Registered Agent:	DOUGLAS VELAZQUEZ			===	
New Registered Office Address:	16964 SW 92 S	STREET		- <del>-</del> 0:	
		Enter Florida Street	address	5	
	KENDALL		_, Florida 33196		
		Clty	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

Page 1 of 3

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	Address	Type of Action
MGR	DOUGLAS VELEZQUEZ	16964 SW 92 STREET	Add
		KENDALL, FL 33196	□ Remove
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f the record s b) The 90th	pecifies a delay day after the r	/ed effective ecord is file	date, but no d.	t an effective	time, at 12:01	a.m. on the ear	lier of:	
Dated April 1	2		2016					
	Park.		<u> </u>	······ ·				
V.	4/40	Signature of	4 member or auth	orized representativ	of a member			
		RIA ROBLES						

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