L16000075545

(Re	questor's Name)	
(Ad	dress)	-
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

то:	Registration Section Division of Corporations
SUBJE(CT: PRECIOUSevents by Ama, L/c Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Payla Felmandez Name of Person
	Leo Havel
	1726 NW 36 Street anit 11
	MIAMI 233/42 City/State and Zip Code
	100 tours 10 hot mail Conf E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
4	Quarter Telephone Number at (786) 4/3-8/9/ Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
□ \$25 •	.00 Filing Fee

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

(Name of the Limited Liability Companion (A Florida Limited L	LLC ly as it now appears on our records.) lability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number 1/6000075545.	were filed on 4/18/2016	and a	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e abbreviation '	'L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2524 LOW 51 Str MIAMI, F-2	<i>eef</i> 331,	47
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME		
B. If amending the registered agent and/or registered of	fice address on our records, em	ter the name	
registered agent and/or the new registered office address here		IASSE!	V
Name of New Registered Agent:		07 S 10 S	
New Registered Office Address:	Enter Florida street address	STALLS)
	, Florida		
	City	Zip Coo	<i>ie</i>

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>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			□ Remove
			☐ Change
			<u> </u>
			Remove
			Thange Thange
			Themove SSEE of STANDARD BAdd
			☐ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			Add
			Remove
			Change

f amending any other information, enter change(s) here: (Attach additional sheets, if in I was the following the sheets) and the LLC Mame		11
as same in all my doce	ements,	<u>.</u>
all letters appear	tagethe	*
05 Preciousévents by Ama, 24c. +	hank you	<u>′.</u>
PRECIOUSEVENTS by Ana, L/c.		_
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	- S	_
	-	
	SEE PA	
		
	7: 0.	
		
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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 or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements locument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	01 a.m. on the ear	rlier of:
ated 5/16 . 2016. ANA C. EUSEDIO SANTANA		
Signature of a member or authorized representative of a member		
Ana C. Cusphio Gantana Typed or printed rame of signee		

Page 3 of 3

Filing Fee: \$25.00