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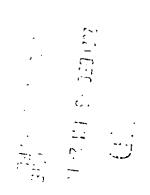
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COVER LETTER

	Registration Se Division of Cor			4 4		
CUBIEC		Iterations LLC	_			
SUBJEC	1:	Name of Lim	ited Liability Company	*		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	um all correspo	ndence concerning this matter	to the following:			
		Maria Eugenia Garcia				
			Name of Person			
			Firm/Company			
		2118 University Drive Sou	rth			
		Clearwater Florida 33764				
		City/State and Zip Code				
		E-mail address: (to be used for future annual report no	otification)		
For further	er information co	oncerning this matter, please c	all:			
Maria Eu	genia Garcia		727 953- 0580 at ()			
	Name of	f Person		me Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	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)		
_	Mailing Address		Street Address:	·		
	Registration S Division of C		Registration S Division of Co			
		•	The Centre of	•		

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eugenia's Alterations LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/05/2016 Florida document number $\frac{L16000102079}{L16000102079}$ 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 "LI.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Enter Florida street address _, Florida

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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	David Calderon Garcia	2118 University Drive South	≣ Add
		Clearwater, Florida 33764	□ Remove
			□Change
			□Add
			□Remove
			□Change
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Tecti	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
ote: 1	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cume	ent's effective date on the Department of State's records.
is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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_	$\frac{1}{2}$
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	Signature of a number or authorized representative of a member MARIA EUGENIA GONZIALEZ Typed or printed name of signee