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COVER LETTER

O: Registratión Section Division of Corporations	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fec(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Strey Anath Ashey Chenjes Baruty Collection LLC Firm/Company	
5461 NW 174 De Miami, FL 33055	
Momi H 33055 City/State and Zip Code Stocky Ob 205 D mil com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:	200000 2011 2012 211
Streey Achley at (305) 300 -2370 Name of Person Area Code Daytime Telephone Number 5	¥,
inclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cyenles Ba	Liability Company as it now appears on our records.) Plorida Limited Liability Company))
The Articles of Organization for this Limited Liab	ility Company were filed on 5 25 10	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the Cicoco 5 Hall The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET).	Is "Limited Liability Company," the designation "LLC" of the second seco	or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	N/A	
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name of the new
Name of New Registered Agent:	N/A	Color Color
New Registered Office Address:	Enter Florida street address	
	, Flor	ida = -
	City	>> ZiPCode

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** 5461 NW 174 De Miam, F OWNER ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change. □\Add □ Change □ Add □ Remove ☐ Change

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