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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : NUEVA VIDA ACCOUNTING CORP.
Account Number : 120150000017
Phone : (305) 752-7505
Fax Number : (305) 752-4409

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

Email Address: Nuevavida.corp@hotmail.com

2016 NOV 23 P 2:55
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ABDIM 2 LLC

| | |
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D. BRUCE
NOV 28 2016

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ABDIM 2 LLC

The Articles of Organization for this Limited Liability Company were filed on 06/07/16 and assigned Florida document number L16000110458

This amendment is submitted to amend the following:

A. If amending name, enter the new 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 "LLC."

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:

Bianca Toledo

New Registered Office Address:

14304 SW 159 Terrace

Enter Florida street address

Miami

City

Florida

33177

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 status 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.

Bianca Toledo
If changing Registered Agent, Signature of New Registered Agent

C. 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

| Title | Name | Address | Type of Action |
|-------|-------------------|---------------------------------------|---|
| AMBR | Ingrid V. Sabogal | 16072 SW 136 Way, Miami, FL 33196 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| AMBR | Bianca Toledo | 14304 SW 159 Terrace, Miami, FL 33177 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Effective date, if other than the date of filing: _____ (optional)

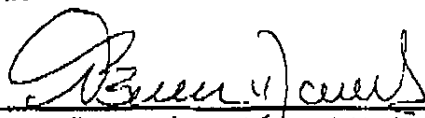
(If and effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specified a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 25, 2016



Signature of a member or authorized representative of a member

Bianca Toledo

Type or printed name of signee