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To:

Division of Corporations

fax Number

: (B\$0)617-63BO

From:

Account Name

: NUEVA VIDA ACCOUNTING CORP.

Account Number : 120150000017

Phone Fax Number

(305) 752-7505 : (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. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN ABDIM 3 LLC

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11/25/2016 3:40 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ABDIM 3 LLC					
The Articles of Organization for this Limited Liability Company were filed on06/07/16 and assigned Florida document numberL16000110466						
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new of the limb	ted liability company h	ere:				
The new name must be distinguishable and contain the words: "	Limited Liability Company," the	designation "LLC" or th	e abbreviation "LLC"			
Enter new principal offices address, if applicable	e:					
(Principal office address MUST BE A STREET AD	DRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered agent and/or the new registered offi		n our records, <u>en</u> t	ter the name of the new			
Name of New Registered Agent:	Bianca Toledo	<u> </u>				
New Registered Office Address:	14304 SW 15	3 Terrace or Florido street address				
	Miami	Florida	33177			
	City		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.

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 = Mana	ger AMBR = Autho	rized Member	•
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ingrid V. Sabogal	16072 SW 136 Way, Miami, FL 33196	D Add
			Remove
			L Change
AMBR Bianca Toledo	Bianca Toledo	14304 SW 159 Terrace, Mlami, FL 33177	Ø Add
			😤 🗓 🕳 Remove
			S O S Change
			g☐ [™] Add [
			☐ Remove
			Change
			Remove
			Change
D. If amendi	ng any other information, e	nter change(s) here: (Attach additional sheets, if neo	cessary.)
(if and effective of Note: if the date	e, if other than the date of flate is listed, the date must be specific inserted in this block does not meet the treent of State's records.	illing:(optional); and cannot be prior to date of filing or more than 90 days after filing; the applicable statutory filing requirements, this date will not be listed a	Pursuant : 605.0207 (3)(b) os the document's effective
	specified a delayed effective ay after the record is filed.	date, but not an effective time, at 12:01 a.m. on the	earlier of:
Dated	November 25, 2016	Benery was	
	Signa	dure of a member or authorized representative of a member	
		Bianca Yoledo	
		Type or printed name of signed	