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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO:		ration Section of Corpor						
CUBIE		OMMELEC <sup>*</sup>	TION, LLLC					
SUBJE	C1:		Name of Limited Liability Company					
The encl	losed A	rticles of An	nendment and fee(s) are sub-	mitted for filing.				
Please re	eturn al	l corresponde	ence concerning this matter	to the following:				
			ALEXANDRE BALLERII	NI				
				Name of Person				
			DIAZ REUS TARG,LLP					
				Firm/Company				
			100 SE 2ND STREET, SU	SE 2ND STREET, SUITE 3400				
			Address					
			MIAMI FL 33131					
			<del>-</del>	City/State and Zip Code				
		-	E-mail address: (t	o be used for future annual report noti	ification)			
For furth	ner info	rmation conc	erning this matter, please ca	ll:				
ALEXA	NDRE	BALLERIN	П	305 375 9220 at (				
		Name of Pe	erson		e Telephone Number			
Enclosed	d is a cl	neck for the f	ollowing amount:					
\$25.	.00 Filii	ng 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:

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

SOMMELECTION, LLLC			
(Name of the Lim	ited Liability Company as it n (A Florida Limited Liability (	ow appears on our records.) Company)	
The Articles of Organization for this Limited I Florida document number L16000111913	Liability Company were fil	led on 06/09/2016	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability con	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		T S
Principal office address MUST BE A STREET ADDRESS)			B H
* ****			AR EE
			22 SS
Enter nove mailing address if anniaghla.			EE, F
Enter new mailing address, if applicable:			9. FLO
Mailing address MAY BE A POST OFFICE	<u> </u>		
			<b>6</b> 5
3. If amending the registered agent and registered agent and/or the new registered of	l/or registered office ad office address here:	dress on our records, e	enter the name of the new
Name of New Registered Agent:	SEBASTIEN VERRIEF	}	
New Registered Office Address:	2149 NW 79 AVENU	E	
		Enter Florida street address	
	DORAL	. Floric	da <u>33122</u>
	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 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
MGR	MATHIEU MARTIN	5 Island Avenue #10 F	☐ Add
		MIAMI BEACH FL 33139	<b>■</b> Remove
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	Signature of a	member or auth	iorized repres	entative of a me	nber		

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Filing Fee: \$25.00