116000119708

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COVER LETTER

TO:	Registration Se Division of Cor	ction porations			
0. In . I	Sequoia Ro	, ja LLC			
SŲBJE	:CT:	Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Sebastian Jaramillo			
			Name of Person		_
		Jaramillo & Blaya PA			SEC SEC
			Firm/Company		智智节
		66 W Flagler St Suite 500			SEP -6 PL
			Address		
		Miami FL 33130			ED 3: 35
			City/State and Zip Code		- **. 0)
		sebastian@lawjb.com			
		E-mail address: (to be used for future annual report notifi	cation)	
For fur	ther information c	oncerning this matter, please ca	all:		
Sebasti	ian Jaramillo		305 600-3805		
	Name o	f Person	Area Code Daytime	Telephone Numbe	er
Enclos	ed is a check for tl	ne following amount:			·
■ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &

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

Sequoia Roja LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number £16000119708	were filed on 06/21/2016	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	1425 Brickell Avenue Unit 46A	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1425 Brickell Avenue Unit 46A Miami, FL 33131	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		e wame of the ne
Name of New Registered Agent:		골 [□]
New Registered Office Address:	Enter Florida street address	္
	. Florida	
	City , Florida	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
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
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			□ Remove
			Change

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ective date, if other than the di effective date is listed, the date must b	ate of filing: (optional) se specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this bloc	ck does not meet the applicable statutory filing requirements, this date will not be listed
ument's effective date on the Dep	artment of State's records.
record enecifies a delayed	effective date, but not an effective time, at 12:01 a.m. on the earlier
he 90th day after the recor	rd is filed.
ed August 30	2016

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Typed or printed name of signee

Filing Fee: \$25.00