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COVER LETTER

TO: Registrátion Se Division of Cor		, : * • *		
836 NW 17 SUBJECT:	AVE, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Mariano Soria			
		Name of Person		
	Miami 8, LLC			
		Firm/Company	The state of the s	
	14159 sw 142 Ave			
		Address	20 20	
	Miami, FL 33186		IN SER	П
	globalreigroup@gmail.com	City/State and Zip Code	WILL ARE SEE FLOR	
	E-mail address: (to be used for future annual report notifi	ication)	
For further information c	oncerning this matter, please c	all:		
Mariano Soria		305 562-4520		
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25,00 Filing 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

836 NW 17 AVE, LLC

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our l Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number L16000129716	Liability Company	were filed on 07/08/2016	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE.	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		N/A	<u>i</u> Ą. 20
(Mailing address MAY BE A POST OFFICE	EBOX)		S
B. If amending the registered agent and registered agent and/or the new registered of			ecords, enter the name of the n
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street	address
			. Florida
		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>	<u>Address</u>	Type of Action
MGRM	Miami 8, LLC	14159 sw 142 Ave	Add
		Miami, FL 33186	■ Remove
			☐ Change
MGRM	Pacho Investments LLC	14159 sw 142 Ave	= Add
		Miami, FL 33186	☐ Remove
		 	☐ Change
			Add
			Remove
			PAdd D D D D D D D D D D D D D D D D D D
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ective date, if other than the date of filing:		(optional)	
n effective date is listed, the date must be specific and cannot be prior to c te: If the date inserted in this block does not meet the applicable	date of filing or more than 90 da le statutory filing requiremen	ays after filing.) Pursuant to nts, this date will not be	605.02 listed
cument's effective date on the Department of State's records.	, -		
record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12	2:01 a.m. on the ea	rlier
,			
ted September 16th 2016			
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Typed or printed name of signee

Filing Fee: \$25.00