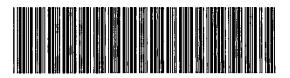
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(Re	questor's Name)	
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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	LIQUITRO	PIX, LLC		
ocosiic i	•	Name of Lim	tited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retui	rn all correspo	ndence concerning this matter	to the following:	
•		DAVID W. SOUTHWELI	L	
•			Name of Person	**************************************
		TRUST ADVISORS COR	PORATION	
			Firm/Company	
		5781-B NW 151 STREET		
			Address	TO THE STREET OF
		MIAMI LAKES, FL 3301	4	
		***************************************	City/State and Zip Code	
		DAVID@TRUSTADVISO		
		E-mail address: (to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
DAVID W	. SOUTHWEI	L	at () 822-8161 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Fiting 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**

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LIQUITROPIX, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A riorda Limited)	Liaumty Company)		LL.FLORID
The Articles of Organization for this Limited Liability Company Florida document number L16000136343	were filed on	07/20/2016	and assigned
his amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company her	e:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	20325 NW 52ND	AVENUE	
Principal office address MUST BE A STREET ADDRESS)	MIAMI GARDE	NS, FL 33055	
Enter new mailing address, if applicable:	20325 NW 52ND	AVENUE	79372.0.1.1.
Mailing address MAY BE A POST OFFICE BOX)	MIAMI GARDEN	NS, FL 33055	
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	ffice address on o	our records, <u>enter</u>	the name of the
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Futan El-	la street address	
	Enter r torid		
	City	, Florida	Zip Code
lew Registered Agent's Signature, if changing Registered Agent:	•		Zip Code

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		
AMBR	ISMARI ROSALES	20325 NW 52ND AVENUE	Add		
		MIAMI GARDENS, FL 33055	Remove		
			☐ Change		
AMBR	ISMARY ROSALES	20325 NW 52ND AVENUE	B Add		
		MIAMI GARDENS, FL 33055	Remove		
			□ Change		
			Add		
			TALLAH SEE FLURITI		
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ın effective d	late is listed, the date must be s	specific and cannot	t be prior to da	te of filing or mo	re than 90 days af	tronar) ter filing.) Pursuant to 60	05.02
	date inserted in this block of frective date on the Depart			statutory filing	requirements, t	his date will not be li	sted
•			- 				
record s	pecifies a delayed eff	ective date.	but not an	effective ti	me, at 12:01	a.m. on the ear	lier
	day after the record						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00