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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| Ве | |
| SUBJECT: | Name of Limited Liability Company |
| The enclosed Articl | es of Amendment and fee(s) are submitted for filing. |
| Please return all con | rrespondence concerning this matter to the following: |
| | Susana Garay |
| | Name of Person |
| | Firm/Company |
| | P.O. Box 226653 |
| | Address |
| | Miami, FL 33222 |
| | BJECT: Name of Limited Liability Company |
| | |
| | E-mail address: (to be used for future annual report notification) |
| For further informa | tion concerning this matter, please call: |
| Susana Garay | at () |
| 1 | lame of Person Area Code Daytime Telephone Number |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability C</u> (A Florida Lin | ompany as it now appears on our records.) ited Liability Company) | |
|---|---|------------|
| The Articles of Organization for this Limited Liability Completion of Complete Liability | pany were filed on 7/25/2016 and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| | 2 8 | _ |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the abbreviation "L.L.C" | |
| Enter new principal offices address, if applicable: | A UG | _ |
| (Principal office address MUST BE A STREET ADDRES | (1) -0 [1] | _ |
| | | _ |
| Enter new mailing address, if applicable: | 5 .2 | _ |
| (Mailing address MAY BE A POST OFFICE BOX) | | _ |
| | | _ |
| registered agent and/or the new registered office address | ed office address on our records, enter the name of the shere: | <u>new</u> |
| Name of New Registered Agent: | | _ |
| New Registered Office Address: | Enter Florida street address | - |
| | . Florida | |
| | . PRIJ KIA | |

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 |
|--------------|---------------|-----------------|----------------|
| MGR | Ernesto Teran | P.O. Box 226653 | |
| | | Miami, FL 33222 | Remove |
| | | - | ☐ Change |
| MGR | Susana Garay | P.O. Box 226653 | ⊟ Add |
| | | Miami, FL 33222 | ☐ Remove |
| | | | ☐ Change |
| | | | Add Remove |
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| te: If the date inserted in this | the date of filing: must be specific and cannot be pris block does not meet the appl Department of State's record | icable statutory filing r | (optional) than 90 days after filing.) Pu equirements, this date wil | rsuant to 605.0 I not be listed | 0207 (3)(b) i as the |
| record specifies a dela- he 90th dav after the r | yed effective date, but record is filed. | not an effective tin | ne, at 12:01 a.m. on | the earlie | r of: |
| cd | 2017 | | | | |
| | · | | | | |
| | | norized representative of | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00