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COVER LETTER

TO: Registration Se Division of Co				
SUBJECT:	Untoppe Name of Lin	d Mlami nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Joann Holmes Name of Person Happed Miami Firm Company 105B NW 41h Av Address FL 33150	<u>. </u>	
		FL 33150 City/State and Zip Code		
	E-mail address; (modie (100) O mail (notification)	
For further information c	oncerning this matter, please c	•		
Jann Name o	Holmes Person		7463 ytime Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	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

(Name of the Limited Liability Compar	Miami	
(A Florida Limited I.	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number \(\begin{align*} \begin{align*} \be	were filed on 7- 24-16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabhi	1.17	abbreviation "L.L.C."
	9405BNW44nAut	- 7
Enter new principal offices address, if applicable:	Miami, F1 33150	
(Principal office address MUST BE A STREET ADDRESS)		
		_1 =
Enter new mailing address, if applicable:	Same As Abort	
	1) 4111 413 -1907	10
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	-
		,
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the nev
Name of New Registered Agent:	<u> </u>	<u> </u>
New Registered Office Address:	Engr Florida street address	1
	/ 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 Type of Action Address Title Name | □ Add _□ Remove ☐ Change NIA □ Add ☐ Remove Change _☐ Add _☐ Remove (_□ Change □ Add ☐ Remove _□ Change □ Add □ Remove _□ Change _□ Add _□ Remove

_□ Change

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	t be specific and cannot be prior to date of ock does not meet the applicable stat	f filing or more than 90 days after filing	ng.) Pursuant to 605,020
e record specifies a delayed The 90th day after the rec	l effective date, but not an ef ord is filed.	fective time, at 12:01 a.m	ı. on the earlier o
ated Jone 194h	2018 Alum Halip Signature of a member or authorized for	Tesentalive of a member	
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Filing Fee: \$25.00