## Florida Department of State bivision of Corporations Historian Filing Cover, Sheet

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To:					
	Division of Corporations Fax Number : (850)617-6383				
	rax Number : (850)617-6383				
From:	Account Name : RCA ACCOUNTING SERVICES CORP				
	Account Number : I20180000102				
_	Phone : (305)799-7633				
	Fax Number : (786)783-3650				
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>08/01/2016</u>	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 Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	4000 SW 9 Ter Apt A		
(Principal office address MUST BE A STREET ADDRESS)	Miami Fl 33134		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4000 SW 9 Ter Apt A Miami Fl 33134		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter t<b>h</b>e nar</u>	ne of the new register	
N D in 1000 Add			
New Registered Office Address:	Enter Florida street address		
	City	_ zip Cond	

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 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
MGR	RUBEN	4000 SW 9 TERRA APT A	□Add
-		MIAMI, FL 33134	■Remove
			□ Change
			DAdd
			□Remove
			□Change
			CJAdd
			□Remove
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		,	DRemove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:  cotive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor cord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	,
	101 Carmine Poso Signaure of a member of authorized representative of a member
	CARMINA POZO
	Typed or printed name of signee

Filing Fee: \$25.00