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COVER LETTER

10:	Division of Cor			
CHDIE	CT.		kert & Sanchez, PLLC	
20Bit	.CT:		ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ondence concerning this matter	to the following:	
			Lizet Cardozo	
		· • • · · · · · · · · · · · · · · · · ·	Name of Person	
			Firm/Company	
			Address	-
			Hollywood, FL 33021	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
			leardozo@ceslawfirm.com	
		E-mail address; (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please c	all:	
	Lizet (Cardozo	954 241-4247 at ()	
	Name o	f Person	Area Code Daytinu	: Telephone Number
Enclose	d 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 ussee, FL 32314	STREET/COURT Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

as it now appears on its Company) ere filed on y company here	8/30/2016	and assigned
y company here		and assigned
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	#	
	::	
Company," the desi	gnation "LLC" or the ab	obreviation "L.L.C."
		1
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·		
e address on o	our records, enter	the name of the
Lizet Car	rdozo	·
3440 Hollywoox	l Blvd. Suite 415	
Enter Florida	i street address	
llywood	, Florida	33021
City	,	Zip Code
	Lizet Ca	e address on our records, enter Lizet Cardozo 3440 Hollywood Blvd. Suite 415 Enter Florida street address

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 und 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 hability. company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered'Agent

Page 1 of 3

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>	Name	Address	Type of Action
AMBR	J.G. Sanchez Law Firm, P.L.	2665 S Bayshore Dr. Suite 220	
		Coconut Grove, FL 33133	■ Remove
			☐ Change
AMBR	Eckert Law Group, LLC	3440 Hollywood Blvd. Suite 415	
		Hollywood, FL 33021	Remove
			☐ Change
MGR	Cardozo Law Firm, PLLC	3440 Hollywood Blvd. Suite 415	
		Hollywood, FL 33021	Remove
			Change
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ective date, if other than the date of filing:					
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