L1600018/155

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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: THE	EERELLE Name of Limi	L C ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subi	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	ROBERT	- LIGUORI Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	THEE R	ELLLC	
	7, 2 7	Firm/Company	
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	MIRAN	1 AR R 330 City/State and Zip Code HIRE 05 - U	23
	1 117	City/State and Zip Code	<u> </u>
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For further information conc		·	,
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Robert LI	8 00rg	at (959) Area Code Da	74-331/
Name of Fe	15011	Area Code 17a	yanac retephone wasact
Enclosed is a check for the f	ollowing 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)

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	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L/600/8//55</u>	Company were filed on $\frac{9/28/16}{}$ and assigned
	 -
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
	JU 1048
Enter new mailing address, if applicable:	는 사람들이 되었다.
(Mailing address MAY BE A POST OFFICE BOX)	9
(maning address may be a rost of free boa)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the n</u> lress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	
, , ,,	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
AMBR	CARLOS M. ACEVEDO	23/25W60TERR	Add
		MIRAMOR FL 33023	Remove
			☐ Change
			Remove
			☐ Change
			☐ Remove
			Change
			Add
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CARLOS M. AC	UOR1 5/% EVEDO 49%		
			
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ent's effective date on the Departm	nent of State's records.		
ord specifies a delayed effe 90th day after the record is	ective date, but not an effective s filed.	ve time, at 12:01 a.m. on the	e earl
6-22-	20/8		
_	ture of a member or authorized represent		

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Filing Fee: \$25.00