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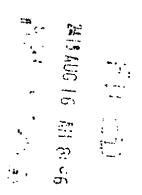
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TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

MILKY WAY HOLDINGS, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MANUEL L. CRESPO, ESQ. Name of Person GREENSPOON MARDER LLP Firm/Company 600 BRICKELL AVENUE, SUITE 3600 Address MIAMI, FLORIDA 33131 City/State and Zip Code MANNY.CRESPO@GMLAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MANUEL L. CRESPO, ESQ. Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILKY WAY HOLDINGS, LLC

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our re ed Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Compared Florida document numberL16000182770	ny were filed on9/30/2016	6	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li-	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	"LLC" or the abbrevia	tion "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		### (.P.	5.5°	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>	<u></u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ords, enter the	name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Radiess.	Enter Florida street address			
		, Florida	rida Zip Code	
	City	Zij	n Code	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	— gree to act in this capacity. Ite performance of my dutie. Is provided for in Chapter 6	s, and I am famili 605, F.S. Or, if thi	iar with and is document is	
If C	hanging Registered Agent, <u>Signat</u>	ture of New Register	ed Agent	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CRESPO, MANUEL L.	600 BRICKELL AVENUE SUITE 3600, MIAMI, FL 33131	
			■ Remove
			☐ Change
MGR LUIS GALLO	LUIS GALLO	4100 N MIAMI AVENUE SECOND FLOOR, MIAMI, FL 33127	■ Add
			Remove
		_	☐ Change
		□ Add	
		Remove	
		-	Change
		☐ Remove	
		Change	
		Add	
		Remove	
		Change	
		□ Add	
		□ Remove	
			☐ Change

	uing any other information, enter change(s) here: (Attach adaitional sheets, if necessary.)
_	
_	
	
_	
_	
(If an effect Note: If	e date, if other than the date of filing:
the reco) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	8/14 . 2019 . (1)
	Signature of a member or authorized representative of a member
	MANUEL L. CRESPO, ESQ.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00