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(Re	equestor's Name)
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21 SEP - 7 PH 12: 05

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLORIDA INF	ERBUC.
No.	ame of Limited Liability Company
The enclosed Articles of Amendment and fee((s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
B	RANOON Carvevo Name of Person
F	FIDRIDA INER BLLC
360	OU RED ROAD SUITE 310
	MIVAMAY FL 33025 City/State and Zip Code
BLAND E-mail	AND BOXX BUIL DER. COM I address: (to be used for future annual report notification)
For further information concerning this matter	, please call:
Brandon Carrero	at (305) 767- 2627 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing F	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLURIDA			21 SE# -7	PH 12: 05
(Name of the Limit	ed Liability Con	npany as it now appea	rs on our records.)	

The Articles of Organization for this Limited Liability Company were filed on October 3, 2016 and assigned Florida document number _L16000184069 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: BLANDON CARRERO

3400 LED LO STE 3/0

Enter Florida street address

MILAMAL Florida 33025

City Zip Code Name of New Registered Agent: New Registered Office Address:

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 = M $AMBR = A$	anager uthorized Member	Address 21 SEF -7 PM 12: 05	
<u>Title</u>	Name	Address 21 SEE - 1	Type of Action
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te: If the date inserted in the tument's effective date on the	is block does not r	neet the applicable	statutory filing require	nents, this date wil	not be listed a
cord specifies a delayed effo	ective date, but no	an effective time, a	nt 12:01 a.m. on the ear	lier of: (b) The 90)th day after the
s filed.					
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	Signature of a	member or authorized	representative of a mem	ber	
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