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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

TO: Registration S Division of Co		_	
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SUBJECT:	I con Vro	MUM CHOUP	
		nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
		marlos (ni	
•		Name of Person	
		Firm/Company	
	3910 L	. FLAGUER G	T
•		Address	<del>/</del>
	mign	City/State and Zip Code  CACLOSA GILPA. Code  To be used for future annual report notifies.	
	0. (	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	(ARLOS LE	- CARLOSAGILDA. C	on
	t:-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
(mr	los his	at (30) Daytime	V3.252T
Name o	of Person	Area Code Daytime	Telephone Number
,			
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
-	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia	bility Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on	31/16 and assigned
This amendment is submitted to amend the following	; ;:	
A. If amending name, <u>enter the new name of the l</u>	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
		TILED Enon or solves
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or re	gistered office address on our re	10.6
egistered agent and/or the new registered office a	<u>aaress nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:	* ***	
	Enter Florida street	address
	City	, Florida Zip Code
Now Designated Agent's Signature if shanging Design	and Agents	Zip Gode

#### 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

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
myp	Thomay CLAVIDD	12205 SW 129 Court# MIAMI, FL 33/86	3
		MIAMI, FL 33/86	Remove
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f an effc	ve date, if other than the date of filing:	
	ent's effective date on the Department of State's records.	u as me
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er of:
ıne	90th day after the record is filed.	
Dated _	11 9 2014	
	Signature of a member or authorized representative of a member	
	CARLOS Gir - Arthorized Representative It	TOTOMA

Page 3 of 3

Filing Fee: \$25.00