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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

ŤΟ:

SUBJECT:	Name of Lim	E GROUP LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEJANDRO BONET		
		Name of Person	
	LINEAIRE GROUP LLC		
	· <u> </u>	Firm/Company	
	350 NE 24 STREET STE	108	
		Address	
	MIAMI, FL 33132		
		City/State and Zip Code	
	OFFICE@VISIONMIAMI.	.COM to be used for future annual report not	itication)
For further information (concerning this matter, please co		,
ALEJANDRO BONET		786 510-0241	
Name	of Person	at ()	ne Telephone Number
Enclosed is a check for t	the following amount:		
S25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi	JNG ADDRESS: tration Section on of Corporations 30x 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on

2661 Executive Center Circle

Tallahassee, FL 32301

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

LINEAIRE GROUP LLC				
(Name of the Limited Liah (A Flor	oility Company as it now ap rida Limited Liability Compa	nears on our records.) ny)		
The Articles of Organization for this Limited Liability	Company were filed or	1_11/23/2016	and ass	signed
Florida document number <u>L16000214689</u>	·			
This amendment is submitted to amend the following:	;			
A. If amending name, enter the new name of the li	mited liability compan	<u>v here</u> :		
The new name must be distinguishable and contain the words "L	.imited Liability Company."	the designation "LLC" or th	ne abbreviation "L	.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADI	DRESS)			_ \S
			SEP	<u> </u>
			<u>-</u>	육퓙군
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			工	五年,
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				T.
			ter the name	of the
registered agent and/or the new registered office ac	4.	s on our records, <u>en</u>		***
	4.	on our records, <u>en</u>		
registered agent and/or the new registered office ac	ddress here:			
	ddress here:	on our records, <u>en</u> Florida street address Florida		

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DOMINIQUE BONET	350 NE 24 STREET STE 108 MIAMI, FL 33132	Add
			■ Remove
			☐ Change
MGR	GEORGE SAMARJIAN	350 NE 24 STREET STE 108 MIAMI, FL 33132	Add
			☐ Remove
			Change
			Add
			□ Remove
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ctive date, if other than the da effective date is listed, the date must be e: If the date inserted in this block iment's effective date on the Depa	specific and cannot be prior does not meet the applic		
ecord specifies a delayed e ne 90th day after the record	ffective date, but no d is filed.	t an effective time, a	at 12:01 a.m. on the earli
SEPTEMBER 6TH	. 2018	<u> </u>	
	1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00