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COVER LETTER

	Registration Se Division of Cor			
~11111117 <i>1</i>	Sibila Lage	LLC		
SUBJEC	[:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Estrellita Sibila		
		<u></u>	Name of Person	
		Sibila Lage, LLC		
			Firm/Company	
		7765 SW 87 Avenue, Suite	208	
			Address	
		Miami, FL 33173		
			City/State and Zip Code	
		es@sibilalage.com	to be used for future annual report notif	ication)
For furthe	er information c	oncerning this matter, please ca		
Estrellita			305 2812200 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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

Sibila Lage, LLC	
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	ppears on our records.) any)
he Articles of Organization for this Limited Liability Company were filed clorida document number 1.16000217358	on 11/30/2016 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	ny here:
Sibila Lage, PLLC	
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
The that office data ess most the A STREET ADDRESS;	
	· 1
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	(T)
	.≥:
3. If amending the registered agent and/or registered office addres	ss on our records, enter the name of the
egistered agent and/or the new registered office address here:	
	. 9
Name of New Registered Agent:	
New Registered Office Address:	
	er Florida street address
	, Florida
City	

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Estrellita Sibila	7765 SW 87 Avenue, Suite 208	
		Miami, Ft. 33173	Remove
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			Change
			Remove
			□ Changæ
			□ Change
			□ Remove
			Add
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			□ Change
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			☐ Change

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Filing Fee: \$25.00