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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	,
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COVER LETTER

Division of Corp	oorations	l		
[19]	hthouse Tean	1 LLK		
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of a	Amendment and fee(s) are subm	nitted for filling.		
Please return all correspon	ndence concerning this matter to	o the following:		
	Adrian	E. Yius		
	7 0 1 ((1)	Name of Person		
	Garcia-Me	UVCU / // // // Firm/Company	& Pastori LLP	ı
	40 SW 13	ST # 9	102	
		Address	•	
	Miami	City/State and Zip Code City/State and Zip Code Code Code Code Code	130	
	A)	City/State and Zip Code		
	E-mail address: (to	be used for future aroual	report notification)	
For further information co	oncerning this matter, please cal			
Adom F	1 vi no	2	400 9457	
Adran E Name of	Person	at (<u>225</u> Area Code	900 9652 Daytime Telephone Number	
Enclosed is a check for th	e following amount:			
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy fadditional copy is enc	Certificate of	of Status & -
	NG ADDRESS:	I	COURIER ADDRESS:	
Divisio	ation Section n of Corporations	Division	ion Section of Corporations	
P.O. Bo Tallaha	ox 6327 ssee, FL 32314		eutive Center Circle	
		Tallahass	see, FL 32301	

ARTICLES OF ANIENDMENT TO | ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to at 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

Page 1 of 3

	Authorized Person(s) authorized to man rom our records:	age. <u>enter</u>	he title, name, and address of each person being added
MGR = Ma AMBR = Au	inager ithorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	Daniela Sarsa	1441	Brickell Avenue #1018 jand
		Miai	n: FL 33131 Remove
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ffecti	ve date, if other than the date of filing:		_
ote:	ective date is listed, the date must be specific and cannot be prior to date of fling or more than 90 days after filing.) Pursua If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	nt to 605,02t t be listed a	J7 - IS I
ocum	ent's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	oprlige (٦f
	90th day after the record is filed.	. carner c	,,
	2/12/8/12		
ated	3/13/400		
	Signature of a member or authorized representative of a member		
	Dumian Gomez Munuger Typed or printed name of signee		
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Filing Fee: \$25.00