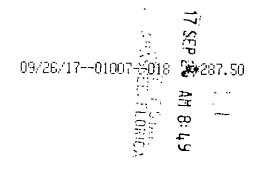
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COVER LETTER

TO: Registration S Division of Co						
LAMATE SUBJECT:	RAKA, LLC					
Sobsider.	Name of Lir	nited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	oondence concerning this matter	r to the following:				
	Janine N. Kucaba, Esq.					
	<u> </u>	Name of Person				
	9130 South Dadeland Box	ulevard, Suite 1901				
		Address				
	Miami, Florida 33156					
		City/State and Zip Code	-	;-	7 53	
	mariana@loyola-asset.com			<u> </u>	70	
		to be used for future annual report notif	ication)	<u> </u>	120	
For further information	concerning this matter, please c	all:		773 g 773 g	AH	
Janine N. Kucaba, Esq.		305 379-4008 at ()		AHASSEE FLOR	7 SEP 26 AM 8: 49	1
Name	of Person	Area Code Daytime	Telephone Number	5	ũ	
Enclosed is a check for t	the following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 File Certificate Certified (additional of	e of Stati 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAMATRAKA, LLC

(Name of the Limited Liability Company as it now appears on our records,)

(A Florida United Liability Company)

The Articles of Organization for this Limited	Liability Company	v were filed on 1/3/2017					
The Articles of Organization for this Limited Liability Company were filed on 1/3/2017 and assigned Florida document number L1/7000001730 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 authentium "LLC". Enter new principal offices address, if applicable: (Principal office address AIUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Coral Gables, FL 33134 Coral Gables, FL 33134							
This amendment is submitted to amend the fo	ollowing:						
A. If amending name, enter the new name	of the limited liaf	sility company here:					
The new name must be distinguishable and contain the	words "Limited Liabi	illty Company," the designati	on "LLC" or the actor	eviation "L.L.C."			
Enter new principal offices address, if appl	50 S. Pointe Drive, #27	101					
•	Miami Beach, Florida 3	33139					
			-				
Enter new mailing address, if applicable:	Alberto Perez e/o Mariana Foerster						
(Mailing address MAY BE A POST OFFICE	55 Merrick Way, Suite	208	7				
		Coral Gables, FL 33134					
B. If amending the registered agent and registered agent and/or the new registered agent and/or the new registered agent.	d/or registered of office address here	ffice address on our r <u>e</u> :	ecords, <u>enter th</u>	* 115 · · · · · · · · · · · · · · · · · ·	Ÿ		
Name of New Registered Agent:	:1 	<u>.</u>	t				
New Registered Office Address:	55 Merrick Way	y, Suite 208	.•	•			
		Enter Florida street	address				
	Coral Gables		Florida ³³¹³⁴				
		City		Zip Code			

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.

II Chungling Digitereil Agent, Signuture of New Registered Agent

Page 1 of 3

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	Alberto Perez	50 S. Pointe Drive, # 2701	[] Add
		Miami Beach, Florida 33139	[] Remove
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			, _ ,⊡ Add
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