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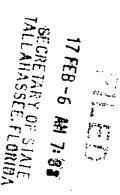
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

SUBJECT: MR	Name of Limite	ANAGEMENT L d Liability Company	LC
The enclosed Articles of Ar	mendment and fee(s) are submi	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	GERA	LO BOUHA	√ A
	MR SONES	5 MANAGEMENT Firm/Company	LLC
	309 23 6	CO STREET SUP	TE 350
		CH F(3313)	
	GERACD E-mail address: (to	MIAO 6MAIL. L be used for future annual report notification	<u>»M</u>
For further information con	cerning this matter, please call	:	
	BOUHANA	at (305) 52768 Area Code Daytime Telep	ohone Number
Enclosed is a check for the	following amount:		
№ \$25.00 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

TO:

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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on 27 JANVARY and assigned
lorida document number <u>L 170000 2 1779</u> 2017
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here:
CAH.
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida
City 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.

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>	Name	Address	Type of Action
MGR	ALIZERA KALAMA	R 4909 LARMO DRIVE	_≱ Add
		ALEXAMORIA, VA 22310	□ Remove
			_ \ Z Change
MISR	ALAIN KALAMAR	4909 LARNO DRIVE	□ Add
		ALEXANDRIA, VA, 22319	D_ ⊠ Remove
			Change
			□ Add
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	specifies a dela th day after the			but not an	effecti [,]	ve time	, at 12	:01 a.	m. on	the e	arlier o
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-		Signature o	of a membe	or authorized	represent	ative of a	member				
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Page 3 of 3

Filing Fee: \$25.00