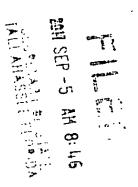
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хх	FILING	LLC AMEND
-	CIUDAD ZERO, LLC (CORPORATE NAME AND DOCUME	ENT#)
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COVER LETTER

	Registration Si Division of Co			
SUBJEC		ZERO, LLC		
SOBJEC	Г;		nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Janine N. Kucaba, Esq.		
			Name of Person	
		Stokes McMillan Antánez	. PA	
			Firm/Company	
		9130 South Dadeland Bou	levard, Suite 1901	
			Address	
		Miami, Florida 33156		
			City/State and Zip Code	
		jkucaba@smpalaw.com		
		E-mail address: (to be used for future annual report nour	ication)
For further	r information c	oncerning this matter, please c	all:	
Janine N.	Kucaba, Esq.		305 379-4008	
	Name o	f Person		Telephone Number
Enclosed i	s a check for th	ne 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 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

CIUDAD ZERO, LLC			
(<u>Name of the Limited Lial</u> (A Flor	bility Compan rida Limited Li	y <mark>as it now appears on our rec</mark> ability Company)	ords.)
The Articles of Organization for this Limited Liability	y Company v	were filed on 1/30/2017	and assigned
Florida document number L17000024007	 .·		
This amendment is submitted to amend the following:	:		
A. If amending name, <u>enter the new name of the li</u>	imited liabil	ity company here:	
CITY ZERO LLC			
The new name must be distinguishable and contain the words "L	imited Liabilit	y Company," the designation "L	
Enter new principal offices address, if applicable:		591 SW 8th Street	
Principal office address MUST BE A STREET ADI	DRESS)	Miami, Florida 33130	S S
			John Co. Marie
			三 三 [
Enter new mailing address, if applicable:			<u>_</u>
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered agent and/or the new registered office ac			rds, enter the name of the
Name of New Registered Agent:			
New Registered Office Address: c/o S	c/o Stokes McMillan Antúnez, P.A.:9130 South Dadeland Boulevard, Suite 19		
		Enter Florida street add	lress
Mia	mi		Florida 33156
		Ciny	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.

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove
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Note: L	re date, if other than the date ctive date is listed, the date must be spet the date inserted in this block dont's effective date on the Departm	of filing:	(optional) s after filing.) Prosuant to 605,0207 s, this date will not be listed as
	ord specifies a delayed effe 90th day after the record is	ctive date, but not an effective time, at 12: s filed.	01 a.m. on the earlier of
Dated _	9/1		
	Signat	ure of a member or authorized representative of a member	S
	Alberto Perez, Manager		
			F
		Typed or printed name of signee	
		Typed or printed name of signee	10 10 10 10 10 10 10 10 10 10 10 10 10 1

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