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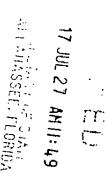
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COVER LETTER . .

TO: Registration So Division of Co			
	S MIAMI LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DEREK GONZALEZ		
		Name of Person	
		Firm/Company	
	475 BRICKELL AVE., U	NIT 5608	
		Address	
	MIAMI, FL 33131		· · · = ·
	LGONZALEZ@LSG.LEG		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notif all:	ication)
LISA GONZALEZ		561 222-7303	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
34 4 4 1	INC ADDDESS.	ctdeet///OHDII	FD ANNDESS.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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) The Articles of Organization for this Limited Liability Company were filed on 03/15/2017 and assigned Florida document number L17000059352 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the mame of the registered agent and/or the new registered office address here: NAM Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street aukbress Florida Florida	CHARCOS MIAMI LLC	Company of the party of the par	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the friame of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(A Florida Lin	mited Liability Company)	
A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: NAM Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address Florida		npany were filed on 03/15/2017	and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: NA New Registered Office Address: Enter Florida street address Florida	This amendment is submitted to amend the following:		
Enter new mailing address, if applicable: **Principal office address MUST BE A STREET ADDRESS** **Enter new mailing address, if applicable: **Mailing address MAY BE A POST OFFICE BOX** **B. If amending the registered agent and/or registered office address on our records, enter the mainer of New Registered Agent: **NA** **Name of New Registered Agent: **NA** **New Registered Office Address: **Enter Florida street address **Florida** **Pincipal** **NA** **Name of New Registered Agent: **NA** **Name of New Registered Agent: **NA** **	A. If amending name, enter the new name of the limited	d liability company here:	
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3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Enter new mailing address, if applicable:	N/A	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Mailing address MAY BE A POST OFFICE BOX)		
Enter Florida street address 5	Name of New Registered Agent: NA Name of New Registered Agent:		the mame of the m
	New Registered Office Address:		FLORI L
		Florida	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRN	DEREK GONZALEZ	475 BRICKELL AVE. UNIT 5608	
		MIAMI FL 33131	□ Remove
			☐ Remove
			☐ Change
		-	Add
			Remove 7
			SSEE GAdd FLORID
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ective date, if other than the date of f effective date is listed, the date must be specifi	iling:	date of filing or mor	optiona (optiona) (optiona)	il) ng) Pursuant to	605 02
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C			i a member		
Signature		izeo representative o			

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Filing Fee: \$25.00