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COVER LETTER

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viin iiverr		ombana LLC			
SUBJECT:		Name of Limit	ed Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return	n all correspo	ndence concerning this matter to	o the following:		
		Marcela Lombana			
			Name of Person		
		Marcela Lombana LLC			
			Firm√Company		
		4250 Biscayne Blvd.			
			Address		
		Miami Beach Fl. 33137			
		City/State and Zip Code			
		marcelalombana@marcelalo			
		E-mail address: (to	be used for future annual report notif	īcation)	
For further i	nformation c	oncerning this matter, please cal	1:		
Marcela Lo	mbana		786 5014748 at ()		
	Name o	f Person		: Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00 F	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:

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

Marcela Lombana LLC (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 March 20, 2017 Florida document number _L17000063846 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 abbreviation "LLC." 927 Lincoln Road, Suite 218 Enter new principal offices address, if applicable: Miami Beach, FL, 33139 (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: New Registered Office Address:

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 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

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
DMGR	Carolina Diaz	927 Lincoln Road, Suite 218 Miami Beach, FL. 33139	~ Add
			Remove
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Note:	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	- 08/26/19 July
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00