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COVER LETTER

Division of Corporations	
SUBJECT: +GJOGT FNU	stuente UC:
5003EC1	Name of Limited Liability Company
The enclosed Articles of Amendment and	fee(s) are submitted for filing.
Please return all correspondence concerni-	ng this matter to the following:
	JOEL HERRERA
T-GJ	JOEL HERRERA Name of Person OCT FNUESTUENT LLC
	Firm Company
657-0	SW 37 ST Address
Mic	City State and Zip Code
	TH V EV 1974 C V C HT A COM
E	THKEY 1974 C. YC. HOO. CEM -mail address: (to be used for future annual report hotification)
For further information concerning this m	atter, please call:
JOEL HERRER	A at (20.5) 5256066 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amo	ount:
S25.00 Filing Fee S30.00 Fili Certificat	ng Fee & S55.00 Filing Fee & S60.00 Filing Fee. e of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS Registration Section	: STREET/COURIER ADDRESS: Registration Section
Division of Corporation P.O. Box 6327	
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

IGTORT INVE	Aments LIC.
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>LIFOOO EOG</u> . This amendment is submitted to amend the following	•
A. If amending name, enter the new name of the l	umited hability company nere:
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD)	Alice 12 2 21025
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	657 SW 375 Michai 72 33155
registered agent and/or the new registered office a	
Name of New Registered Agent: New Registered Office Address:	506 HERRERA 5690 SW 375 Micmi FL 33155 Enter Florida street address
New Registered Agent's Signature, if changing Registered	City Zip Code

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	ICEL HERRERA	65705W 375T Manife	32455. DAdd
			Remove
		Change	
			□ Remove
			Change
			Add
			□ Remove
			□ Change
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			_□ Remove
			_□ Change

ş. 11 ş ını	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
Note:	ive date, if other than the date of filing:
(b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	<u>var2-18</u>
	Signature of a member or authorized representative of a member
	JOEL HERREPLY

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00