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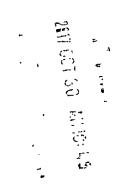
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>E</u> L	R MANAGEM	EWT	
	ramo or Essi	ned Buotiny Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	\supset	Loper	
	/)A <i>iac</i>	L LOPEL	
		Name of Person	
		Firm/Company	
	419 WZSI	49 ST STE 2	16
		Address	
	HIBREAH	49 ST STE 2 Address T2. 33012 City/State and Zip Code	
	RAFAEL L E-mail address: (1	67070HOTAMIL To be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	ill:	
Baroce le	Person	at (<u>* 786) 8790</u> Area Code Daytime	486
radic of		Area conc 12ayune	receptione (value)
Enclosed is a check for th	e 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

E.L.R. MANAGO (Name of the Limited 1).	ENTERY LLC				
(Name of the Limited L. (A F	lability Company as it now aplorida Limited Liability Compa	ppears on our records.)			
the Articles of Organization for this Limited Liabil	ity Company were filed or	n <u>04/13/17</u>	Z ?	ınd assig	ned
Florida document number <u>L 1700083.</u>	22L	, ,			
This amendment is submitted to amend the followir	ıg:				
A. If amending name, enter the new name of the	limited liability compan	w here:			
,					
The new name must be distinguishable and contain the words	"Limited Liability Company,"	the designation "LLC" o	r the abbrevia	tion "L.L.	C."
Enter new principal offices address, if applicable	:				
(Principal office address MUST BE A STREET A.	DDRESS)		· · · · · · · · · · · · · · · · · · ·	62 62 62 63	<u></u>
			•	5	<u>.</u>
			••	130	•
Enter new mailing address, if applicable:	<u></u>		<u>.</u>		·
Mailing address MAY BE A POST OFFICE BOX	<u></u> _			- 	
			<u>, </u>	277 277 647	
		_		_	
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address <u>address here</u> :	s on our records, g	enter the r	<u>iame of</u>	the new
Name of New Registered Agent:				.	
New Registered Office Address:					
	Enter	Florida street address			
_		, Flori	da		
	City		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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	MARIN PACIOS LOPEZ	419 WEST 49 ST STEZ HiszENH TZ 33012	16 · 10 Add
		HIDZENH TZ 33012	Remove
	,		☐ Change
MGB	Luis JANES	419 WEST 49 ST STE	2/6□ Add
	/	419 WEST 49 ST STE HIDLENH FX 33012	Remove
			Change
MGR	ENHANUEL DE LA	419 WEST 49 ST SI HIBLEAH TX 33012	€216 □ Add
	CONCEPCION	HIBLEAH FR 33012	Remove
			Change
		 	
			□ Remove
			Change
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te: If the date inserted in this block decument's effective date on the Department's effective date on the Department's effective date on the Department's effective date on the Department of the Department o	oes not meet the applicable statument of State's records. ective date, but not an effi	tory filing requirements, t	his date will not be lis	ited a
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Filing Fee: \$25.00