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eumar	and the same	CREAM LLC		
SUBJE	.CT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ondence concerning this matter	to the following:	
		MISSIVA KHACER, ESÇ	QUIRE	
			Name of Person	
		M.T.K INTERNATIONA	L LAW GROUP	
			Firm/Company	
		1900 N BAYSHORE DRI	VE SUITE IA	
			Address	
		MIAMI, FL 33132		
			City/State and Zip Code	
		MKHACER@MTKLAWG	ROUP.COM to be used for future annual report n	stification)
For furt	her information c	oncerning this matter, please ca		ouncuton
	VA KHACER	oneoning and matter, predict of	331 234.7334	
WII331		f Person	at ()	ime Telephone Number
	Name 0	rreison	Area Code Dayt	tine reseptione Number
Enclose	ed is 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	porations :

Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 C 77 17 FH 12: 4

Zip Code

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(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 April 26, 2017 and assigned Florida document number L17000093101

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."

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	1900 N BAYSHORE DRIVE, SUITE 1A-101		
	E	nter Florida street address	
	MIAMI	, Florida 33132	

City

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>	<u>Name</u>	Address	Type of Action
CEO	LOPERA PABLO	18230 COLLINS AVENUE SUNNY ISLES, FL 33160	□ Add
			■ Remove
			
			☐ Remove
			□ Change
			
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			Change
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	re 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 _	SEPTEMBER 8
	Mart.
	Signature of a member or authorized representative of a member
	MISSIVA KHACER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00