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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City,	/State/Zip/Phon	e #)
(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT 1 (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bus	iness Entity Nai	me)
(Doc	ument Number)	
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SECRETARY OF STATE SECRETARY OF STATE ORIDA

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OLIM E		Z-MICHELENA, LLC	Ÿ				
SUBJ	EC1:	Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub ondence concerning this matter	_				
		Maria E Gross					
			Name of Person	<u> </u>			
		Thomas G. Sherman, P.A.		-			
			Firm/Company				
		90 Almeria Avenue	Almeria Avenue				
			- CRE				
		Coral Gables, Florida 331	34	SECRE ARSEE, FLUXON THAY 11 PM 2: 52			
			City/State and Zip Code	P			
		mgross@uniontitleservices.		Ŧ.			
		E-mail address: (to be used for future annual report notif	ication)			
For fu	rther information c	concerning this matter, please ca	all:	7			
Maria	E Gross		305 444-4508				
	Name o	of Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for t	he following amount:					
\$2	5.00 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)			
	MAIL	ING ADDRESS:	STREET/COURI	ER 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

THE PEREZ-MICHELENA, LLC		
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited L	iability Company were filed on Ap	ril 27, 2017 and assigned
Florida document number L17000093822	·	
This amendment is submitted to amend the following	owing:	
A. If amending name, <u>enter the new name c</u>	f the limited liability company he	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	·····
(Principal office address MUST BE A STREI	ET ADDRESS)	50
		T RAHA
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	P
		2: 035 52 035
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the nev
Name of New Registered Agent:	Thomas G. Sherman, P.A.	
New Registered Office Address:	90 Almeria Avenue	
New Registered Office Address.	Enter Flo	rida street address
	Coral Gables, Florida	, Florida ³³¹³⁴
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ricardo C Michelena Viso	20 NE 50 Street	Add
		Miami, Florida 33137	■ Remove
			□ Change
MGR	Ricardo C. Michelena Viso	20 NE 50 Street	Add
		Miami, Florida 33137	☐ Remove
			☐ Change
			DAdd FALLA
			Remove ASS
			Charge FLORIDA
			☐ Remove
			☐ Change
		<u> </u>	Add
			☐ Remove
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