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S. WARREN JUL 27 2017

COVER LETTER

TO: Registration S Division of Co			
RALPH'S SUBJECT:	FINQUITA, LLC		
SUBJECT:		ted Liability Company	
	f Amendment and fec(s) are subrondence concerning this matter t	_	
	Rolando A. Diaz		
		Name of Person	
	Diaz Law Group		
		Firm/Company	
	1430 South Dixie Highway	y. Suite 313	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Coral Gables, Fl. 33146		
		City/State and Zip Code	
	rdiaz@dlg-lawyers.com	o be used for future annual report notifi	(ention)
For further information	concerning this matter, please ca	-	ication
Rolando A. Diaz		305 777-3500	
Name (of Person	at ()	Telephone Number
Enclosed is a check for t	he 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

RALPH'S FINQUITA, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab	ility Company were filed on 05/02/17	and assigned
Florida document number L17000096815	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
_		, Florida
	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
MGR	JEANNIE MAS	3181 CORAL WAY MIAMI, FL 3	
			Remove
			Change
MGR	MARIA DEL VALLE MAS	181 CORAL WAY MIAMI, FL 33	■ Add
			Remove
		·	☐ Change
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ffective	date, if other that we date is listed, the date	thic block does not	t meet the applicable	e statutory filing req	uirements, this	date will not be lis
<u>iote:</u> If	he date inserted in the		f State's records.			
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Sote: If ocument e recor The 90	he date inserted in the seffective date on the seffective date on the seffective date on the seffective date and the seffective day after day	layed effective e record is filed 10 Signature of	date, but not a d. , 2017 Valle a member or authorize	ed representative of a		17 Jul. 24 1217 1247
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Filing Fee: \$25.00