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## COVER LETTER TO: Registration Section **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: FIFIS ON the BEAC 34 Collins AUC Fifison the beach @ a mail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Prinedo 305 Area Code Roy R65-5665 Daytime Telephone Number Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fifis o	in the	Beach	LLC	
(Name of the Limited I	Liability Company as Florida Limited Liabili	it now appears on our ty Company)	records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>L\11000</u>	ility Company were 1953O	filed on MA	5,2017	and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	ne limited liability	company here:		
The new name must be distinguishable and contain the word	ls "Limited Liability Co	mpany," the designation	n "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>		AHASSEE, FLOR	TO AND
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office e address here:	address on our re	ecords, enter t	he name of the new
Name of New Registered Agent:	Luisa	Amalia	HORTA	Pinedo
New Registered Office Address:	6934	Collins	<u> </u>	
	Miami Ber	Enter Florida street	address , Florida	33141 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 = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
	•		Add
			□ Remove
			Add
			□ Remove
			□ Change
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			Change HAdd
			Remove
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			□ Add
			□ Remove
			☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please correct the NAME OF
registered agent and Manager
From Luisa Horta to her Full
NAME Luisa Amalia Horta Pinedo
as shown on he Florida Drivers
License / see Attached
<del></del>
Effective date, if other than the date of filing:
Effective date, if other than the date of filing: (Optional) (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (Optional)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The 90th day after the record is filed.
G = 11 = 7 = 7
Dated $8-11-2017$ .
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member  SANDRA ALDANA POTTER  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00