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COVER LETTER

	Registration Se Division of Cor				
cub ira		cho 3104 LLC			
SUBJEC	,1:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Christopher J. Klein			
			Name of Person		
		Baur & Klein, P.A.			
Firm/Company					
	100 N. Biscayne Blvd., 21st Floor				
	•		Address		
		Miami/FL 33132			
			City/State and Zip Code		
		cklein@worldwidelaw.com			
		E-mail address: (to be used for future annual report notifi	cation)	
For furth	er information c	oncerning this matter, please ca	all:		
Christop	oher J. Klein		305 377-3561		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed	l is a check for th	ne following amount:			
\$25.0	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

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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

as it now appears on our records.) bility Company)	
ere filed on 05/22/2017	and assigned
ty company here:	
Company," the designation "LLC" o	r the abbreviation "L.L.C."
	2017 FAL:
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ce address on our records,	_
Enter Floride street addrage	
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, Flori	Zip Code
	Company here: Company." the designation "LLC" of the designation and the designation are cords, Ce address on our records,

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>	<u>Address</u>	Type of Action
MGR	Mario A. Cardenas	1441 Brickell Ave.	
		Suite 1700	_□ Remove
		Miami, FL 33131	■ Change
MGR	Gazali A. Smith	1441 Brickell Ave.	
		Suite 1700	Remove
		Miami, FL 33131	☐ Change
			
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ote: If the date inserted in this block does no cument's effective date on the Department o	ot meet the appli	icable statutor	ry filing require	ements, this date	will not be lis	sted .
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record specifies a delayed effective		ot an effec	tive time, at	t 12:01 a.m.	on the earl	lier
The 90th day after the record is file	d.					
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Filing Fee: \$25.00