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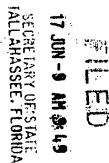
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COVER LETTER -

TO: Registration Section Division of Corporations
SUBJECT: MORENO'S CUBA 1 LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MALWINA KOWALCZYK Name of Person
MORENO'S CUBA 1 LLC
240 HIBISCUS DEIVE
MIAMI SPRINGS FL 33166 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MALIVINA KOMAL (2YK at (305) 600 9572 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 17000116428</u> .	were filed on <u>05 25 17</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi N The new name must be distinguishable and contain the words "Limited Liabili		reviation "L.L.C."	-
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A		- - -
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		17 JUI	- - -{}}
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter t</u> :	he change the fi	<u>nev</u>
Name of New Registered Agent:	NA	FLORD E	<u>ا</u>
New Registered Office Address:	Enter Florida street 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 = A	uthorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	JORGE MORENO	3520 SW GOTH CT			
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an effective of the state of th	ve date is listed, the the date inserted in 's effective date of	date must be spec in this block does	ific and cann s not meet t	not be prior to the applicab	date of filing of le statutory f	r more than 90 iling require	days after fili nents, this da	ing.) Pursuant to ate will not be	605.026 listed a)7 (38 1
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e record	d specifies a d Oth day after t	delayed effect	tive date	, but not	an effectiv	e time, at	12:01 a.n	n. on the ea	adier	of:
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Dated	June	6th	, <u>2</u>	1017	<u>.</u> ,					
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Filing Fee: \$25.00