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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JORGE L. GURIAN P.A.

Account Number : I20010000123 Phone

: (305)931-0541

Fax Number

: (305)931-0568

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email :	Address:_	16urian	8) C	lueian	امس.	u
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BEGONA LLC**

Certificate of Status	0
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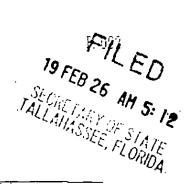
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K. SALY

FEB 27 2019

## FAX No.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	BEGONA LLC	-MOA
(Name of the Limited Liabil (A Florid	lity Company as It now appears on our rec la Limited Liability Compony)	ords.)
The Articles of Organization for this Limited Liability ( Florida document number <u>L17000189120</u>	Company were filed on9/5/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited llability company here:	•
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
THURSHIP HOLD STATE OF THE STAT		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	7.1
	Enser Piorida street da	aress
<del></del> -	City	, Florida Zip Code
	<i>∨nj</i>	

## 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

Title	Name	Address	Type of Action
MGR	Maria Begona Vallejo de Bravo	1805 Ponce de Leon Blvd	
		Suite 400	[] Remove
		Coral Gables, FL 33134	Change
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(If an effective Note: If the	ate, if other than the date date is listed, the date must be a date inserted in this block of effective date on the Depart	pecific and cannot be prior loes not meet the applic	cable statutory filing :	(optiona than 90 days after filis equirements, this da	ng.) Pursuant to 605.0207
the record : ) The 90th	specifies a delayed eff n day after the record	Fective date, but no is filed.	ot an effective tim	ne, at 12:01 a.m	a. on the earlier of
Dated	February 26	2019			
_	Sign	LLUN BYANO NUNE	oorized representative of	a member	

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