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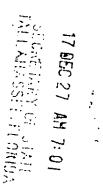
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COVER LETTER __

	tration Sec ion of Corp			
	OLVEX A	MERICA LLC		
SUBJECT: _		Name of Limi	ited Liability Company	
The enclosed A	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return a	ll correspon	dence concerning this matter	to the following:	
		EMANUEL BETANCES		
			Name of Person	
		SOCIAL MEDIA MAX LI	LC	
			Firm/Company	
	119 KENSINGTON WAY			
			Address	
	WEST PALM BEACH, FL 33414			
			City/State and Zip Code	
		MANNY@EBETANCES.C	OM to be used for future annual report notifi	
For further info	ormation co	ncerning this matter, please ca	·	Ca(lon)
EMANUEL B			561 234-5581 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a c	heck for the	e following amount:		
□ \$25,00 Fil	ing 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, F1, 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 Company as it now a (A Florida Limited Liability Comp	ppears on our records.)
(A rionga Emitted Dabinty Comp	any)
The Articles of Organization for this Limited Liability Company were filed o	n 09/29/2017 and assigned
Florida document number <u>1.17000202584</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Cotton and the control of Control	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	27 \$30 \$31
Enter new mailing address, if applicable:	ilo 🥕 .
(Mailing address MAY BE A POST OFFICE BOX)	
	22 C
	O Fee
B. If amending the registered agent and/or registered office addre registered agent and/or the new registered office address here:	ss on our records, enter the name of th
Name of New Registered Agent:	
New Registered Office Address:	
	er 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LARA PEREZ, STANLEY R	2250 NW 114TH AVE #1A	
		DORAL, FL 33192	■ Remove
			Change
MGR	GUERRA PAMPLONA, EVELIN	2250 NW 114TH AVE #1A	
		DORAL, FL 33192	■ Remove
			Change
MGR	GONZALEZ. RENE	2250 NW 114TH AVE #1A	
		DORAE, FL 33192	■ Remove
			Change
MGR	PILAR, GREGORY	2250 NW 114TH AVE #1A	□ Add
		DORAL, FL 33192	Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			□ Change

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of ea. If the date inserted in this block does not meet the applicable state	Ifiling or more than 90 days after filing.) Pursuant to 605.t
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an efi he 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlie
ed DECEMBER 15 2017	
(/13/2)	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00