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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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COVER LETTER

Name of Lim	ited Liability Company	
Name of Lim	ited Liability Company	
mendment and fee(s) are sub	mitted for filing.	
lence concerning this matter	to the following:	
Alejandra Gimenez		
	Name of Person	
Purrino LLC		
	Firm/Company	·
8527 NW 111th Ct		
	Address	
Doral, FL 33178		
1 2010161	City/State and Zip Code	
	to be used for future annual repo	rt notification)
cerning this matter, please ca	all:	
	+1786 975818	87
Person	Area Code D	Daytime Telephone Number
fallowing amount:		
	□ \$55,00 Filing Fee &	□ \$60.00 Filing Fee.
Certificate of Status	Certified Copy tadditional copy is enclosed	Certificate of Status
	Purrino LLC 8527 NW 111th Ct Doral, FL 33178 ale_20181@hotmail.com E-mail address: { accerning this matter, please cancerning this matter.}	Purrino LLC Firm/Company 8527 NW 111th Ct Address Doral, FL 33178 City/State and Zip Code ale_20181@hotmail.com E-mail address: (to be used for future annual repondencerning this matter, please call: at (

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

Purrino LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability (Company were filed on 10/10/17	and assigned
Florida document number L17000209212	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		7 7
		¥
B. If amending the registered agent and/or regis	stered office address on our recor	ds, enter the name of the m
registered agent and/or the new registered office add	<u>fress here</u> :	
		<u>. <u>3</u>"</u>
Name of New Registered Agent:		<u>.</u>
		<u> </u>
New Registered Office Address:	0.00	
	Enter Florida street addi	SAA
	, 1	FloridaZip Code
	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	Alejadra Gimenez	8527 NW 111th Ct Doral, FL 3378	■ Add
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ocument's effective date on the	Department of State's records.			
		an effective time, at 12:01 a.m.	on the	earlier d
The 90th day after the $r\epsilon$	cord is filed.			
November I	2017			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00