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COVER LETTER

TO: Registration Section Division of Corpore				7.	2017
SUBJECT: M	Isaaa C Box	ited Liability Company		•	2017 NOV 20
					_
The enclosed Articles of Am		_			FM 2: 43
Please return all corresponde	nce concerning this matter	to the following:			
	Misael	F. Rojas Name of Person			
		Name of Person			
	Misaaa	C (Box Firm/Company			
		Firm/Company			
	9203 5	W 170 C+ Address			
	Miami	Fl 33196 City/State and Zip Code 1013 a gmail.com			
		City/State and Zip Code			
-	E-mail address: (1	1013 a gmail Corr	ication)		
For further information conc					
11:00	1000		1.		
Myae	1 + Rojas	at (305) 497-21 Area Code Daytime	126 Talahan Namba		
Name of Pe	son	Area Code Daytine	Telephone Number		
Enclosed is a check for the fo	ollowing amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificat Certified (additional)	e of Stat Copy	tus &

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 Company as it now appears Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab Florida document number <u>L170002181</u> 4	mes company were mea on	0 - 30 - 20 (7 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here	2:
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the des	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET .	ADDRESS)	02 1
	 	
Enter new mailing address, if applicable:		ب ب
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent: New Registered Office Address:	ee address here:	a street address
	 City	, Florida
	<i>0,</i>	<u> </u>

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
President	Misael F. Rojas	9203 SW 170Ct, Miami, F(33	3196 × Add
			□ Remove
			☐ Change
			🗖 Add
			Remove
			Change
			Add
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			TO Change To The The To The The To Th
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(If an effective Note: 1	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	11-14 Januares
	Signature of a member or authorized representative of a member
	1
	Misael F. Rojas Typed or printed name of signee

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