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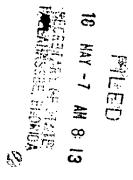
(Requestor's Name)
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O SIMMONS MAY 1 0 2018

COVER LETTER

	ation Section n of Corporations				
SUBJECT:	THE !	Name of Limite	d Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Ar	icles of Amendment	and fee(s) are subm	itted for filing.		
Please return all	correspondence conce	rning this matter to	the following:		
	<u></u>	LAUDI:	Name of Person Firm/Company	A TORT	<u>0</u> 2en0
	60	01 10.1	= 36 5; Address	TAPT	2011
	Mi CL	ANI ANDIO	City/State and Zip Code THEM 1- De used for future annual repo	137 NB. Ne	-
For further inform	nation concerning this			rt notification)	
CLAVI	Name of Person	A	at (754) <u>34</u> Area Code D	34- 875 Paytime Telephone Number	<u>&</u>
Enclosed is a che	ck for the following a	mount:		•	
\$25.00 Filing	Fee \$30.00 S Certifi	Filing Fee & cate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	ate of Status &
	MAILING ADDRE Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	ons	Registration S Division of C Clifton Build	orporations ing ve Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

拉海 克

Tife M (Name of the Limited)	Liability Compar Florida Limited L	y as it now appears on our reability Company)	ecords.)	五十二四
The Articles of Organization for this Limited Lia		· ·	ララーノ	70 (A)
Florida document number <u>417000</u>	(2100°)			STO IS
This amendment is submitted to amend the follow	ving:		•	
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabili	y Company," the designation	"LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicat	ole:	60110-E	- 36	シ ブ
(Principal office address MUST BE A STREET	ADDRESS)	APT 1011 Mi AMi		
		M; Auri	E2 3	3137
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			
		<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off ce address here	ice address on our rec	ords, <u>enter</u>	the name of the new
Name of New Registered Agent:	CLAU	DID URN.	A TO.	nsolend
New Registered Office Address:	601	10 . E . Blo Enter Florida street ac	odress	A77 1011
		City		

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

or removed	from our records:		
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mun</u>	POYATO	Pouland Brack Elmob	□ Add
<u>pyn</u>	Clavidio Unnea Tontoleno	601 N.E. 36-55 ATT. 1011 MiAmi Fl 3313	Change Add Remove
			□ Change □ Add □ Remove
			Change Add Remove
		- Les -	□ Change□ Add
			_□ Change
			_□ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to	(optional)
n effective date is listed, the date must be specific and cannot be prior to tel. If the date inserted in this block does not meet the application.	to date of filing or more than 90 days after filing.) Pursuant to 605.02
cument's effective date on the Department of State's records.	acie statutory iming requirements, this date will not be fisted
record specifies a delayed effective date, but not	t an effective time, at 17:01 a.m. on the earlier
The 90th day after the record is filed.	t an enective time, at 12.01 a.m. on the earlier
ted_ 4-24-18.	
	5 .
STORY VE	1
	X
Signature of a member or author	rized representative of a member

Page 3 of 3

Filing Fee: \$25.00