L17000223064

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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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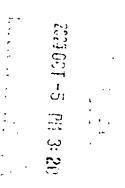
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COVER LETTER

	gistration Se vision of Cor			
CUDIECT.	KIMBERL	Y MARENCO		•
SUBJECT:		Name of Lim	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		KIMBERLY MARENCO		
			Name of Person	36
		DIFALCO, FERNANDEZ	& KAPLAN	· · · · · · · · · · · · · · · · · · ·
			Finn/Company	
		777 BRICKELL AVE., SU	JITE 630	
			Address	7
		MIAMI, FL 33131		,
		KMARENCO@DFKFIRM	City/State and Zip Code	·
		-	to be used for future annual report noti	fication)
For further i	information c	oncerning this matter, please c	all;	
KIMBERL	Y MARENCO	o	305 569-9800 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.0	ailing Addrese egistration S evision of C O. Box 632 Illahassee, I	Section forporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations l'allahassee le Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L17000223064	d on OCTOBER 27, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	- · · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	(2)
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address o agent and/or the new registered office address here:	n our records, <u>enter the name of the new regi</u> s
Name of New Registered Agent:	
New Registered Office Address:	inter Florida street address
<i>.</i>	
Cit:	, Florida

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	DIFALCO & FERNANDEZ, LLLf	777 BRICKELL AVE., SUITE 630	□Add
		MIAMI, FL 33131	Remove
		-	Change
MGR	DFK MANAGER, LLC	777 BRICKELL AVE., SUITE 630	■Add
		MIAMI, FL 33131	☐ Remove
			☐ Change
			Remove
			Change
<u> </u>			□Add
			□Remove
			□Change
			□Add
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ctive date, if other than the	date of filing:	(option	al)
e: If the date inserted in this blo	be specific and cannot be prior to date of fi ick does not meet the applicable statut		
ument's effective date on the De	partment of State's records.		
ord specifies a delayed effective	date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b)	The 90th day after th
filed.			
	2020		
CACTORED 3	2020		
ed OCTOBER 2	•		
d	Signature of a member or authorized repre		