117000238845

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	f)
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	isiness Entity Name	<u>:)</u>
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COVER LETTER

10:	Division of Corp		<i>:</i>	
cem en	305 PERMI		•	
SUBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of i	Amendment and fee(s) are subt	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter t	to the following:	
			JORGE DAVILA	
			Firm/Company 7791 NW 46TH ST SUITE #227 Address DORAL/FLORIDA 33166 City/State and Zip Code E-mail address: (to be used for future annual report notification) natter, please call: 305 927.9494 at (
			Firm/Company	
		7791 1	NW 46TH ST SUITE #227	
			Address	
		DC	DRAL/FLORIDA 33166	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furt	her information co	oncerning this matter, please ca	all:	
JORGE DAVILA		at (
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

305 PERMITS			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL 17000238845	were filed on	11/20/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the abb	oreviation "L1C."⊇
Enter new principal offices address, if applicable:	7791 NW 4	6TH ST SUITE 227 DO	RAL, FL <u>63</u> 166
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			T CARPORAL CARPORAL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our records, enter	the name of the nev
Name of New Registered Agent:	JORGE D	AVILA	
New Registered Office Address:	7791 NW 4	6TH ST SUITE #227	
New Registered Office Address.	Enter Flori	da street address	
	DORAL	, Florida	33166
	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	JORGE DAVILA	7791 NW 46ST SUITE 227 DORA	■ Add
			🗖 Remove
MGR	MIREANY MONTERO	2050 ALAMANDA DR NORTH N	
			■ Remove
			☐ Change
		 	□ Remove
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n effective date	e, if other than the is listed, the date m	e date of filing ust be specific and	g: d cannot be p	rior to date of	filing or more	than 90 days a	itional) fter filing.) Pu	irsuant to	605.020
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