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COVER LETTER

Registration Section
Division of Corporations

TO:

CI SUBJECT:		C ENTERPRISES, LLC				
. 30ваеў г. <u>—</u>		Name of Lim	ited Liability Company			
The enclosed Ar	ticles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all	correspo	ndence concerning this matter	to the following:			
		HECTOR ALVAREZ III				
		_	Name of Person			
		LAW OFFICES HECTOR	ALVAREZ			
			Firm/Company			
	201 SEVILLA AVENUE, SUITE 301.					
			Address			
		CORAL GABLES, FLOR	IDA 33134			
			City/State and Zip Code	<u> </u>		
		HAESQ@AOL.COM				
			to be used for future annual report noti	fication)		
For further infor	mation co	oncerning this matter, please ca	all;			
HECTOR ALV	AREZ (R	EGISTERED AGENT)	305 778-2490 at ()			
	Name of	Person	Area Code Daytim	te Telephone Number		
Enclosed is a ch	eck for th	e following amount:				
■ \$25.00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
`.	Registra Division P.O. Bo	NG ADDRESS: ation Section to of Corporations x 6327 see, FL 32314	STREET/COURI Registration Section Division of Corporal Clifton Building 2661 Executive Co	on rations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on or Liability Company)	ar records.)
The Articles of Organization for this Limited Liability Company Florida document number 117000238252		H-121111 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		6 GB
(Principal office address MUST BE A STREET ADDRESS)		2
Enter new mailing address, if applicable:		** ** ** *
(Mailing address MAY BE A POST OFFICE BOX)		7-2
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
I hereby accept the appointment as registered agent and agr	ree to act in this capac	ity. I further agree to comply with

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR .	HECTOR ALVAREZ III ESQ	201 Sevilla Avenue Suite 301, Core / Gables 33134	_ ■ Add
		33134	
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e record specifies a delay The 90th day after the r	2018 Signature of a member or aut	<u> </u>	<u>-</u>	1 (C) (C) (C) (C)

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