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		PICK-UP WAIT MAIL	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

8 MAR 20 AM

FILED SECRETARY OF STATE ALLAHASSEE. FLORIDA

N COOPER MAR 21 2018

COVER LETTER

ro 	Registration Section Division of Corporat	ions
317	EET T	Name of Limited Liability Company
		Name of Similes Substity Company
The	enclosed Articles of Amen	dment and fee(s) are submitted for filing.
P)ca	se return all correspondenc	e concerning this matter to the following:
		EDUARDO LOREZ VILACHA
	_	Name of Person
		Elsa la Class
		Firm/Company
		7125 SW 77 M AVE, APT-201
		Address
		MIAMI, FLORIDA 33156
1		MIAMI, FLORIDA 33156 City/State and Zip Code
		edLovi 83@gmail.com
		E-mail address: (to be used for future annual report notification)
For	further information concer	ing this matter, please call:
Ļ,	N(1405 - 1 - 0 0	= 111111 300 GG = 2123
=	Name of Pers	Area Code Daytime Telephone Number
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Ènc	losed is a check for the fol	owing amount:
	\$25.00 Filing Fee	\$30.00 Filing Fee & TI \$55.00 Filing Fee & TI \$60.00 Filing Fee

Certificate of Status

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(auditional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	<u> </u>		S COVIETENCELION LTC		
		(A Florida Li	Company as it now appears on our records.) imited Liability Company)		
n,	e Articles of Organization	for this Limited Liability Con	npany were filed on 12/27/2017	and assigne	ed.
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		11000000	<i>7</i>		
Th	is amendment is submitted	d to amend the following:			
Ä.	If amending name, <u>ente</u>	r the new name of the limite	d liability company here:		
h	new name must be distinguish	able and contain the words "Limited	d Liability Company," the designation "LLC" or the abbrev	viation "L.L.C."	-
e c	ter new principal offices	address, if applicable:		;	333
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4	<u> Iailing address MAY BE</u>	POST OFFICE BOX)			<u> </u>
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ij.		tered agent and/or register new registered office addres	red office address on our records, <u>enter the</u> ss bere:	e name of t	he new
Ť	Lister of all of the or the	nen registeren villet adure.	is nere.		
l	Name of New Regi	starad Agant			
	Name of New Regi	stered Agent.		₹	Z S
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1	New Registered Of	fice Address:		18 MAR	SECRE TALLAHA
	New Registered Of	fice Address:	Enter Florida street address	18 MAR 20	SECRE TARY
	New Registered Of	fice Address:	, Florida	2	SECRE TARY OF
			., Florida	Zip Code	SECRETARY OF ST
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		fice Address: ature, if changing Registered A	., Florida	2	SECRETARY OF STATE
h	ew Registered Agent's Sign	ature, if changing Registered A	City Agent: d agree to act in this capacity. I further agree	Zip Code	
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removed: 	from our records	manage, enter the title, name, and address of	each person being ad
<u>le</u>	<u>Name</u>	Address 9125 SW 77H AVE, APT MIAMI, FL 33156	Type of Action -2 O(
BR	VILACHA	MIAMI, FL 33156	a Add
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1	(1	lf an cf	fective date is listed, t	than the date of filing:(optional) the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 in this block does not meet the applicable statutory filing requirements, this date will not be li		
		docun ne re	nent's effective date cord specifies a	delayed effective date, but not an effective time, at 12:01 a.m. on the earlibe record is filed.		
		Dated		ARCH 09 2018	*	∑ ⊊
				Signature of a member or authorized representative of a member EDUARDO LOPEZ VILACHA		ECRETARY
				Typed or printed name of signee		OF STATE E. FLORIO
				Page 3 of 3 Filing Fee: \$25.00		· D