1/800(XD)618

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
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COVER LETTER

TO:	Registration Se Division of Cor			
STIR DE	Espiritu Lib			
SONAL	C1		nted Liability Company	
The enc	losed Articles of .	Amendment and feets) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Effict Erwin		
		_	Name of Person	
		Espiritu Libre		
			Firm/Company	
		333 NE 24th Street		
			Address	
		Miami Florida, 33137		
			City/State and Zip Code	
		ellioterwin@gmail.com	to be used for future annual report	178-760-0405
For furth	her information co	oncerning this matter, please c	•	notheation)
Christo	pher Dahms		857 244 171	
	Name of	f Person	Area Code Da	sytime Telephone Number
Enclosed	d is a check for th	e following amount:		
□ \$25.	00 Filing 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)

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, FI, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Espiritu Libre			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar	ny were filed on 02, 2018	and assigned	
Florida document number 1.18000001618			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the abbrev	nation "L. L. C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		-	_
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	_
B. If amending the registered agent and/or registered	office address on our records, enter the	name of the	e new
registered agent and/or the new registered office address he	<u>ere</u> :	<u></u>	S } S
		<u></u>	-3
Name of New Registered Agent:		<u>F</u>	<u></u>
New Registered Office Address:		က	
	Enter Florida street address	el	<u></u>
	Florida	In Code	ີ ທ
		Inp Code :n	—. : : :: :5n
New Registered Agent's Signature, if changing Registered Agen	it:)	

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>	<u>Address</u>	Type of Action
MGR	Christopher Dahms	85 seaport blvd #321, Boston MA 02210	_ ■ Add
			Remove
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Effective date, if other the fan effective date is listed, the described. If the date inserted in locument's effective date on	this block does r	not meet the applic	able statutory fili	more than 90 day: ng requirement	optional) s after filing) Pursuant s, this date will not l	to 605 0207 (3 % be listed as the
e record specifies a de The 90th day after th			ot an effective	time, at 12:	01 a.m. on the	earlier of:
January 25th		2018	·			
vaied						C
vated	1/1		_			ಹ ∃
rated	Signature	of a member or auth	onzed representativ	e of a member		
raico	Signature	of a member or auth	orized representativ	e of a member		E33
Elliot Erwin	Signature		·	e of a member		- 83 1
valed	Signature		orized representative	re of a member		E33

Filing Fee: \$25.00