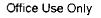
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COVER LETTER

Div	ision of Co	rporations		
CHDIECT.		ORGANIZER LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter		
		MARIAN BELLO		
			Name of Person	
		MAYAM ORGANIZER I	LLC	
			Firm/Company	7
		8285 SW 188TH ST		
			Address	
		CUTLER BAY, FL 33157	,	
			City/State and Zip Code	
		TUTULE@HOTMAIL.CO		
			to be used for future annual report no	tification)
For further in	iformation c	oncerning this matter, please co	all:	
JOSE ESPE	RANTE		786 5668320	
,	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street Address: Registration So	ection
Div	ision of C	orporations	Division of Co	rporations
P.O	. Box 632	7	The Centre of	Tallahassee

Tallahassee, FL 32314

.

Registration Section

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAYAM ORGANIZER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/22/2018 and assigned Florida document number L18000018564 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 8285 SW 188TH ST Enter new principal offices address, if applicable: CUTLER BAY, FL 33157 (Principal office address MUST BE A STREET ADDRESS) 8285 SW 188TH ST Enter new mailing address, if applicable: CUTLER BAY, FL 33157 (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 new registered agent and/or the new registered office address here: MARIAN C BELLO Name of New Registered Agent: 8285 SW 188TH ST New Registered Office Address: Enter Florida street address **CUTLER BAY**

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.

City

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>	Name	Address	Type of Action
MGR	JOSE LUIS ESPERANTE	8285 SW 188TH ST	≘ Add
		CUTLER BAY, FL 33157	□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			Change
			□Add
			□ Remove
			□ Change

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an effective date is listed, the date	n the date of filing: te must be specific and cannot be prior his block does not meet the applicate the Department of State's records.	to date of filing or more than 90 days a	fter filing.) Pursuant to 605.0207 (
ocument's effective date on t record specifies a delayed eff	fective date, but not an effective ti	me, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
ocument's effective date on t record specifies a delayed eff l is filed.			
ocument's effective date on t record specifies a delayed eff l is filed.	Signature of a member or author		

Filing Fee: \$25.00

Typed or printed name of signee