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COVER LETTER

TO:	Registration So Division of Cor			
SUBJE		ORLANDO MIAMI LLC		
oongr.	C1	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	etum all correspo	ondence concerning this matter	to the following:	3
		MILAGROS GONZALEZ	2	· =
			Name of Person	
		EMV SERVICES LLC		٠,
			Firm/Company	
		4400 NW 79TH AVE #3:	24	7
			Address	
		DORAL, FL 33166		
			City/State and Zip Code	
		EMVSERVICESLLC@GI		
			to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please co	all;	
MILAG	ROS GONZALE	ΞZ	786 223-02-80	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
		□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed:
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clitton Building	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHECKIN ORLANDO MIAMI LLC		
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on JANUARY 30,2018	and assigned
Florida document number L18000021601		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
		:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C." / 1
Enter new principal offices address, if applicable:		•
Principal office address MUST BE A STREET ADL	ORESS)	
		· ·
enter new mailing address, if applicable:		-
Mailing address MAY BE A POST OFFICE BOX)		-
 If amending the registered agent and/or reg registered agent and/or the new registered office ad 	istered office address on our records, <u>enter</u> <u>dress here</u> :	the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	District On	
	, Florida	Zin 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	PAOLA ,VARGAS J		□ Add
		2056 NE 167St N Miami Beach,FL	Remove
			Change
			□ Remove :
			☐ Change
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reament's effective date on the Depa				
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Filing Fee: \$25.00