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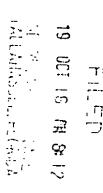
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| TO: | Registration So Division of Cor | | • | |
|----------|------------------------------------|---|---|--|
| SUBJE | | QUETE REYES, PLLC | | |
| SUBJE | v. i.: | Name of Lim | ited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | |
| | | JAVIER A. REYES | | |
| | | BELL ROSQUETE REYE | Name of Person | |
| | | 999 PONCE DE LEON BI | Firm/Company LVD., PH 1120 | |
| | | CORAL GABLES, FL 331 | Address 34 | |
| | | JREYES@BRRESQ.COM | City/State and Zip Code | antification) |
| For furt | her information c | concerning this matter, please co | | ionication) |
| JAVIER | R A. REYES | | 305 570-1610 | |
| - | Name c | of Person | at () Area Code Day | time Telephone Number |
| Enclose | d is a check for t | he 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) |
| | MAIL | ING ADDRESS: | STREET/COL | JRIER ADDRESS: |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

| BELL ROSQUETE REYES, PLLC | | 7.5 |
|--|--|---------------------------|
| | ity Company as it now appears on our records.) a Limited Liability Company) | 3 3 |
| The Articles of Organization for this Limited Liability C Florida document number L18000031106 | Company were filed on 02/05/2018 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited <u>liability company here</u> : | |
| BELL ROSQUETE REYES ESTEBAN, PLLC | | |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDI | RESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | nter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Florid | la |
| | Civ | Zip 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> | <u>Address</u> | Type of Action |
|--------------|-------------------------|---|----------------|
| MGR | ALEXANDER ESTEBAN, P.A. | 999 PONCE DE LEON BLVD., PH 1120, Coral Gables, FL 33134 | = Add |
| | | | |
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| f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| ffective date, if other than the date of filing: | to 605.0207 (be listed as th |
| e record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the The 90th day after the record is filed. | earlier of: |
| ated October 11 2019 | |
| Dated October 11 2019 Twist A. Reves Typed or printed name of signee | |
| JAVIER A. REYES | |

Page 3 of 3

Filing Fee: \$25.00