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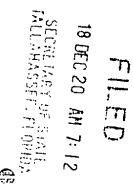
| (Re | questor's Name) | |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Div | ision of Cor | porations | | |
|----------------|---|--------------------------------|--|--|
| SURTECT: | | | | |
| wasser. | | Name of Lim | ited Liability Company | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ondence concerning this matter | to the following: | |
| | | ELVI R VARELA ARIAS | | |
| | | MALUCIA FASHION ,LI | Name of Person | |
| | | 6915 N BOULEVARD | Firm/Company | |
| | | 3316 W COLUMBUS DR | Name of Limited Liability Company nent and fee(s) are submitted for filing. concerning this matter to the following: // IR VARELA ARIAS Name of Person | |
| | | | 1 | |
| For further in | enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: ELVI R VARELA ARIAS Name of Person | neation) | | |
| elvi r varela | arias | | | |
| | Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is a | check for the | he following amount: | | |
| ■ \$25.00 F | Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | | |

MAILING ADDRESS:

TO:

Registration Section

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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Li | | Shuon | our records) |
|--|-----------------------|--|--|
| (Amenic of the Gre | (A Florida Limited | any as it now appears on Liability Company) | <u> </u> |
| The Articles of Organization for this Limited | Liability Company | y were filed on 12/17/2 | 018 and assigned |
| Florida document number 1.18000050790 | · | | |
| This amendment is submitted to amend the fo | ollowing: | | |
| A. If amending name, enter the new name | of the limited liab | bility company here: | |
| N/A . | | | |
| The new name must be distinguishable and contain the | e words "Limited Liab | ility Company," the design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | N/A | 70 SEC |
| (Principal office address MUST BE A STRI | EET ADDRESS) | | ————————————————————————————————————— |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 3316 w columbus dr | 1 33607.72 ≥ □ |
| | | | 0810 7: 12 0810 A |
| B. If amending the registered agent an registered agent and/or the new registered Name of New Registered Agent: | <u>.</u> | <u>re</u> : | r records, <u>enter the name of th</u> |
| Name of New Registered Agent. | | | |
| New Registered Office Address: | 3316 W COLU | | torret adding a |
| | | [1] [2] 11 [1] 12 [1] | |
| | TAMPA | Enter Florida s | , Florida <u>33607</u> |

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 | IDUANIS VARELA SANTOS | 6915 N BOULEVARD TAMPA FL 33604 | Add |
| | | | ■ Remove |
| | | | ☐ Change |
| MGR | ELVIR VARELA ARIAS | | ₩ Add |
| | | | Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | Remove Remove CC Change |
| | | <u></u> | |
| | | | ☐ Change |
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|--|-------|--|--|----------------|--------|
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| Dated 12/17/2018 Signature of a member or authorized representative of a member | | | 1 a.m. on tl | ne earlie | r of |
| Signature of a member or authorized representative of a member | 1116 | John day after the record is med. | | | |
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| | | ELVID VADELA ADIAS | | | |

Page 3 of 3

Filing Fee: \$25.00