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| Special Instructions to | Filing Officer: | |
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J. HARRIS

COVER LETTER

| TO: Registration Solution of Co | | -1 | • |
|---------------------------------|---|--|--|
| SUBJECT: V | argas Stak | OLOC LLC ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | ZoHa | 1/9 Varyas | |
| | Vargas | Stables Firm/Company | LLC |
| | (0/27 NW | 18157 Terr C | Circle W |
| | Heale Zoe-n E-mail address: (i | City/State and Zip Code 1ACIO C NO+1 o be used for future annual report noti | 3015 1011 · Com |
| For further information of | concerning this matter, please ca | itt. | |
| ZOHUIL Name o | 9 Vargas | at (786) 262 Area Code Daytim | 2 - 9300 c Telephone Number |
| Unclosed is a check for t | he following amount: | | |
| S25.00 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, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| Vargas S-lables (Name of the Limited Liability Compar (A Florida Limited L | LLC |
|--|---|
| (Name of the Limited Liability Compar (A Florida Limited L | iv as it now appears on our records.) lability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number $4 / 8000517.3 + $ | were filed on(0 / 18 12018 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| Varaas S-tables LLC The new name must be distinguishable and contain the words "Limited Liebdi | · |
| \smile | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 6/27 NW 1815: Terr circle W |
| (Principal office address MUST BE A STREET ADDRESS) | HIALPAH F1 33015 |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | : |
| Name of New Registered Agent: 20 Ha. | ila Varyas 3 181ct Terr Circle W Emer Florida street address H Storida F1 33015 City Zip Code |
| New Registered Office Address: (a127 IVL | D 1810T Terr Circle W |
| Halea | 14 Florida <u>F1 33015</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 Agen

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 |
|---|----------------|---------------------------|--------------------|
| MBR | ZoHaila Vargas | 6127 NW 1810 Ten circle W | 10/Add 17/33015 |
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| If amending a | iny other information | , enter chan | ge(s) here: | (Attach addit | ional sheets. | if necessa | ry.) | | |
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| Fan effective date <u>Note:</u> If the dat | , if other than the date e is listed, the date must be s te inserted in this block of ective date on the Depart | pecific and can does not meet | the applicable | late of filing or e statutory fili | more than 90 d ng requireme | _ (optional ays after tiling nts, this date |) g.) Pursu g will no | unt to 60 of be lis | 5.0207 (ted as t |
| ne record spe The 90th d | ecifies a delayed eff ay after the record | ective date | e, but not a | n el'fective | time, at 1. | 2:01 a.m. | on th | e earl | ier of: |
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| | Sign | ature of a mem | ber or authorize | od representativ | e of a member | | | - <u></u> | g≃an 1 |
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