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DIAISION OF COMMISSION

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COVER LETTER

Divisiç	n of Cor	porations		
	IAWA, L			
, obs.n.e.r.			ited Liability Company	
The enclosed Art	ticles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspo	ndence concerning this matter	to the following:	
		Gustavo Torres-Decos		
			Name of Person	
		CPA Gustavo Torres-Deco	os PA	
			Firm/Company	
		7 N Vernon Ave.		
			Address	
		Kissimmee, FL 34741		
			City/State and Zip Code	
		documents@cpatorres.com		
Eve freshar inform	mation a	E-mail address: (oncerning this matter, please ca	to be used for future annual report notifi	ication)
		meering this matter, prease er	iii.	
Gustavo Torres-	-Decos		407 913-9611 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a che	eck for th	e following amount:		
■ \$25.00 Filing	g 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)

TO:

Registration Section

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 TO ARTICLES OF ORGANIZATION OF

PHAWA, 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 $\frac{03/06/2018}{1}$ and assigned Florida document number <u>L18000059563</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida __ City

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	RIZO - RODRIGUEZ, ROSARIO	FACULTAD INGENIERIA CIVIL	
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		MORELIA. MI 58066 MX	☐ Change
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Effective date, if other that if an effective date is listed, the date inserted in	ate must be specific ar this block does not	nd cannot be prior to meet the applicabl	late of filing or more th		
document's effective date or	the Department of	State's records.			
the record specifies a de	laved effective	date but not a	n effective time	at 12:01 a.m. r	on the earlier
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May 11th		2018			
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Filing Fee: \$25.00