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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	Name of Limited Liability Company	
The e	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Peter Hoffman Name of Person	
	Firm/Company	
	19495 Biscayne Blud Ste#608	
	Aventura, FC, 33180 City/State and Zip Code	
	B-mail address: (to be used for future annual report notification)	$\cap$
For fu	ther information concerning this matter, please call:	
	Name of Person at (305) 200 1750  Area Code Daytime Telephone Number	
Enclo	ed is a check for the following amount:	
<b>∀</b> s:	5.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee,  Certificate of Status \$\Bigcup \$\text{Certificate of Status & Certified Copy} & \text{Certified Copy} & \text{(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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.  ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L13000002734</u>	were filed on <u>03/00/2018</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L. "
Enter new principal offices address, if applicable:	AE AE
(Principal office address MUST BE A STREET ADDRESS)	ASS ASS
Enter new mailing address, if applicable:	P OF SIAIC EE. FLORID
(Muiling 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:	ice address on our records, <u>enter the name of the new</u> :
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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
AMBA	Patricia Almour	M 1949 Biscoupe Blud (88) Aventura For 33180	Mdd
			Remove
			Change
MGB	Daliana Scalia	1949 BISCOUNE Bluch 608 AVENTURCI PC 33180	🗖 Add
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e. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.		
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the b) The 90th day after the record is filed.	e earlier of	:
Dated MCVCN 19, 2018.		
Signature of a member or authorized representative of a member		
Signature of a manager of authorized representative of a member		

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Filing Fee: \$25.00