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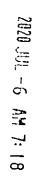
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AUG 1 5 2020 S. YOUNG

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Co	orporations		
SUBJECT:	Emprende	con Exito, LLC		
		Name of Li	mited Liability Company	
The enclosed	i Articles of	f Amendment and fee(s) are su	hwitted for filing	
rease return	an corresp	ondence concerning this matte	r to the following:	
		Veronica Marshall		
			Name of Person	
		Emprende Con Exito, LL	С	
			Firm/Company	
		350 S Miami Avenue, ap	t. 3611	
			Address	
		Miami, Florida, 33130		
			City/State and Zip Code	
		veronicamkiter@gmail.com		
			to be used for future annual report	notification)
For further int	formation co	oncerning this matter, please c	all:	
Veronica Mai	rshall		754 2469854	
	Name of	Person	at () Area Code Day	time Telephone Number
Enclosed is a	check for th	e following amount:		
≘ \$25,00 Fil		S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divis	ng Address stration S sion of Co Box 6327	ection orporations	Street Address: Registration S Division of C The Centre of	Section orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emprende con Exito		
(Name of the Limited (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on _03/22/2	2018 and assigned
Florida document number L18000074032	·	3
This amendment is submitted to amend the following	սե:	. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
A. If amending name, enter the new name of the	e limited liability company here:	` •
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	otion "I C" or the abbreviation "I I C"
Enter new principal offices address, if applicable		and the abbreviation L.E.C.
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
		
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our recordere:	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	City	, Florida
	CHY	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>	Address	Type of Action
AMBR	MARTI, VIVIAN		
		12920 NW 20th STREET PEMBROKE PINES FLOR	
			∏ Cl.
			_ C.C.nange
			_ □Add
			_ □Remove
			_ 🗀 Change
			□Add
			□Remove
			Change
			⊟Add
			□Remove
			□ Change
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			□Remove
			□Change
			⊡Add
			Remove
			□Change

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Filing Fee: \$25.00