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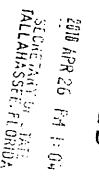
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## **COVER LETTER**

TO: Registration Division of	n Section Corporations		<i>,</i> ,
CUD IF CT	SLS L	UX 3302 LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
		MARTHA OTALORA	
	<del></del>	Name of Person	
	мо асс	OUNTING SERVICES CORP	
		Firm/Company	<del></del>
	175 FONT	AINEBLEAU BLVD SUITE 1-G2	
	· · · · · · · · · · · · · · · · · · ·	Address	
		MIAMI, FL 33172	
		City/State and Zip Code	
		nfo@moaccountingservices.com to be used for future annual report not	(fication)
For further information	on concerning this matter, please c	·	
OLGA L. PUERTA		786 338-0797	
Nai	ne of Person		ne Telephone Number
Enclosed is a check f	or the following amount:		
□ \$25.00 Filing Fee	e S30.00 Filing Fec & 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)
Re <sub>i</sub> Div	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3302 LLC		
ny as it now appear Liability Company)	s on our records.)	
were filed on	03/23/2018	and assigned
oility company he	ere:	
lity Company." the d	esignation "LLC" or	the abbreviation "L.L.C."
15811 COLLIN	IS AVENUE APT :	3202
NORTH MIAM	II BEACH, FL 331	60
15911 COLL IN	IS AVENUE ADT	2202
NORTH MIAM	II BEACH, FL 331	60
<u>e</u> :		nter the name of the
Enter Flor	nda street address, Florid	a See Zip Code
	ility company he lity Company." the d 15811 COLLIN NORTH MIAM  15811 COLLIN NORTH MIAM  ffice address on e:  Enter Flori	ility Company)  were filed on

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	Name	Address	Type of Action
MGR	SEBASTIAN ECHEVERRY	15811 COLLINS AVENUE APT 3	
		NORTH MIAMI BEACH, FL 3310	■ Remove
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Defective date.	be specific and cannot be prior to date of filing ouck does not meet the applicable statutory fi	(optional) or more than 90 days after filing.) Pursuant to illing requirements, this date will not be	605.0207
ne record specifies a delayed The 90th day after the reco	effective date, but not an effective ord is filed.	e time, at 12:01 a.m. on the ea	arlier of:
Dated APRIL 23	2018		
Olg	Signature of a member or authorized representat	tive of a member	_
V	OLGA L PUERTA		
	Typed or printed name of signed		-

Page 3 of 3

Filing Fee: \$25.00