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(Re	equestor's Name)	
(Ac	ldress)	
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DIVISION OF CORPORATIONS

N COOPER MAY 2.2 2018

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: Cifele Murly LLC Name of Limited Liability Company	
The en	losed Articles of Amendment and fee(s) are submitted for filling.	
Please	eturn all correspondence concerning this matter to the following:	
	Vanes of Person	
	PimvCompany Name of Person (11) ((Nuv y LL C) FimvCompany	
	19632 NE 1st Ave Address	
	MIGMI, FL, 33179 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fur	her information concerning this matter, please call:	
	Name of Person Name of Person Name of Person Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:	
□ \$2:	.00 Filing Fee	

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 L	ny as it now appears on our reliability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on April C	2,20.18 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:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5600 NW	7th Ave
(Principal office address MUST BE A STREET ADDRESS)	<u>Miami</u> , F	-L ₁ 22 Δ Σ _ω
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ECRETARY OF ST ON OF COMPORT
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our rec	cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	address
		, Florida
	City	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>	<u>Address</u>	Type of Action
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Note: If the date in:	serted in this block	ate of filing: specific and cannot be c does not meet the apartment of State's reco	plicable statutory	liling requirements, t	otional) der filing.) Pursuant to 60, his date will not be list	5.02 ted
ne record specifi The 90th day a	es a delayed e after the record	ffective date, but d is filed.	; not an effecti	ve time, at 12:01	l a.m. on the earli	ier
Dated			<u></u>			
		1.1 13211 /	authorized represent			

Page 3 of 3

Filing Fee: \$25.00