Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

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Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rλl	Linbility Company as it now appears on our records.)	
,,,,	Lightlity Company as it now appears on our records.) Florida Limited Limitity Company)	
The Articles of Organization for this Limited Liabi Florida document number L18000103182	lity Company were filed on 04/27/2018	and assigned
This amendment is submitted to amend the following	ng:	
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	s "Limited Liability Company," the designation "LLC" or the abi	revisition "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	. <u>.</u>
Enter new mailing address, if applicable:		
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	<u>xi</u>	
(Mailing address MAY BE A POST OFFICE BO.		the name of the m
(Mailing address MAY BE A POST OFFICE BO. B. If amending the registered agent and/or	registered office address on our records, enter t	
(Mailing address MAY BE A POST OFFICE BO. B. If amending the registered agent and/or	registered office address on our records, enter t	the name of the n
(Mailing address MAY BE A POST OFFICE BO. B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter t	800 811 411
registered agent and/or the new registered office	registered office address on our records, enter t	agia AU:
(Mailing address MAY BE A POST OFFICE BO. B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter to address here: Enter Florida street address Florida	2113 AU9 PH
(Mailing address MAY BE A POST OFFICE BO. B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter to eaddress here: Enter Florida street address City City	agia AU:

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

08/09/2018 16:18 5616941639 PAGE 03/04

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

Title	<u>Name</u>	Address	Type of Action
MGRM	JACQUELINE BRACAMONTES	888 BRICKELL KEY, APT 1812	
		MIAMI, FL 33131	Remove
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fan effective date is listed, the date must be specific and connot be prior to da Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirement	ts, this date will	not be listed
ne record specifies a delayed effective date, but not an The 90th day after the record is filed.	n effective time, at 12	:01 a.m. on t	the earli e r
Dated August 9th 2018	, , , , , , , , , , , , , , , , , , ,		
Signature of a member of authorize			

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