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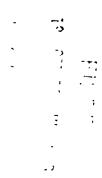
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COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	CLAVIJO C&C, LLC				
	Nar	ne of Limited I	Liability Company		
Dear Sir or M	ladam;		; 	•	
The enclosed	Registered Agent/Registered Off	fice Change and	d fee(s) are submitted to	r filing.	
	all correspondence concerning th		'	• •	
ARIEL CLA	VIJO		į	!	1
	Name of Person			1	
CLAVIJO C	&C, LLC				
	Firm/Company				
13563 SW 1	11TH TER			!	! ·
	Address			!	: :
MIAMI, FL 3	33184			•	;
	City/State and Zip Code			ŀ	
clavijocc3@	-			!	
E-mail ac	dress: (to be used for future annu	ual report notif	ication)		
For further info	ormation concerning this matter,	please call:	į		•
ARIEL CLAV	/IJO	786	231-9744		•
	Name of Person	\ 	Area Code & Daytime	Telephone	Number
Registr Divisio Clifton 2661 E	ET/COURIER ADDRESS: ation Section n of Corporations Building xecutive Center Circle ssee, Florida 32301	Reg Div P.O	AILING ADDRESS: gistration Section vision of Corporations b. Box 6327 lahassee, Florida 32314		
Enclose	ed is a check for the following a	mount:			
☑ \$25 1	Filing Fee	□ \$ 55	5 Filing Fce & Certified	Copy	<u> </u>
VIIS18 (2/14)				1	· · · · · · · · · · · · · · · · · · ·

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLAVIJO C&C, LEC

- Sirving Cite; LLC	i '	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)	1
(X Florida Challes Challing Comp.	any) :	•
The Articles of Organization for this Limited Liability Company were filed o	n 04/25/20 8	and assigned
Florida document number L18000104335		und assigned
		,
This amendment is submitted to amend the following:		;
A. If amending name, enter the new name of the limited liability compan	ıv bere:	
	•	* · · · · · ·
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation of the feet or the	cabbrovistics #F. L. C. "
Enter new principal offices address, if applicable:	Die of the	dooreviation L.L.C.
(Principal office address MUST BE A STREET ADDRESS)		<u>:</u>
		: 1 -
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)	1	
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address beauty	on our records ent	er the name of the n
registered agent and/or the new registered office address here:	i i	i i i i i i i i i i i i i i i i i i i
Name of New Registered Agent:		
New Registered Office Address:		
	Florida stredi address	<u> </u>
		} !
City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		Zip Code
		1
hereby accept the appointment as registered agent and agree to act in the	is capacily. I further a	gree to comply with th
To the of the site into relative to the proper and complete performance	of any dection and I am	
terept the congenious of my position as registered agent as provided for the	· Change 204 F. C. A.	1
""" O J " " " " " " " " " " " " " " " "	reby confir m that the I	imited liability
ompany has been notified in writing of this change.		1
		1 1
		1 ,
If Changing Registered	Agent, Signature of New F	tegistered Agent
		<u>.</u>
Page 1 of 3	1 :	i .

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 blember Title <u>Name</u> Address Type of Action **GUSTAVO A FLORES** 13563 \$W 11TH TER MGR ₽ Add MIAMI, FL 33184 □ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add □ Remove . □ Change □ Add □ Remove ☐ Change _□ Add □ Remove ∴_□ Change _□ Add : 🛮 🗖 Remove ☐ Change

Page 2 of 3

If amending any other information	n, enter change(s) her	e: (Attach additiona	al sheets, if no	ecessaryi.)	
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ffective date, if other than the dat	10/15/19 e of filing:		lant	ional) ;	
an effective date is listed, the date must be:	specific and cannot be prior	to date of filing or more t	than OD dave after	e filipa I Puscuant to	605,0207
iote: If the date inserted in this block ocument's effective date on the Depar	does not meet the applic tment of State's records.	able statutory filing re	quire nents, th	is date will not be	listed as
e record specifies a delayed eff The 90th day after the record	fective date, but no is filed.	t an effective time	e, at 12:01	a.m.jon,the ea	arlier of:
October 15th	2019	A ()		,	
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	(-A-/12		• .	
Sign	ature of a member or author	ned representative of a	member		•
ARIEL CLAVIJO					
=		4	1 !		
	Typed or printe	d name of signee	1	· <u>·</u>	•
	Typed or printe	d name of signee		· · ·	•
		d name of signee 3 of 3		; .	•