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SECRE JARY OF STATE
DIVISION OF CORPORATIONS

N COOPER. MAY 2 2 2018

COVER LETTER

TO: Registration 5 . Division of Co			
COLUMN TO CATE	NTERPRISE LLC		
Sobolett.	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		ARMANDO DE LEON	
		Name of Person	
		Firm/Company	
		Address	
		14939 SW 59TH ST	
		City/State and Zip Code MIAMI, FL. 33193	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notif all:	ication)
ARMAN	DO DE LEON	305 801-3784	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & 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)

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

ADBD ENT	ERPRISE LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our r da Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability	Company were filed on $\frac{05/09/2018}{}$	and as	ssigned
Florida document number L18000116461	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	"LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			e
Principal office address MUST BE A STREET ADD	RESS)	18 MA	NS S
			<u> </u>
		27	육류
Enter new mailing address, if applicable:			2000 2000 2000 2000
Mailing address MAY BE A POST OFFICE BOX)			9.5
	<u></u>		<u>ه څخه</u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		cords, <u>enter the name</u>	of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street a	uldress	
		_, Florida	
	Ciţy	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
AMBR	ARMANDO DE ELON	14939 SW 59TH ST	Add
		MIAMI, FL. 33193	Remove
			☐ Change
AMBR	ARMANDO DE LEON	14939 SW 59TH ST	■ Add
		MIAMI, FL. 33193	□ Remove
		-	□ Add
			□ Remove
			Change
			Add
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n effective date is listed.	, the date must be specific ed in this block does no	and cannot be prior t	o date of filing or m	ore than 90 days after f	iling.) Pursuant to 605
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Page 3 of 3

Filing Fee: \$25.00