## 43000119879

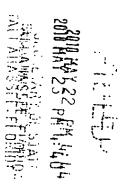
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## COVER LETTER

TO:	Registration So Division of Cor		•		
SUBJE	ест:Д	sel 3 Ferrer,	LC. ited Liability Company		_
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Abel	J Ferrer Name of Person		
			Name of Person		_
		Abe	Firm/Company	- C·	
			Firm/Company		_
		383	25~ 915h Av	11.	
			Address		_
		Mia	City/State and Zip Code	3165	
					_
		Abe	to be used for future annual i	a gmail.com	-
For fur	ther information o	concerning this matter, please c		report normeadony	
	Abel J	Ferre (	at (_786)	517-7082	
	Name c	f Person	Area Code	Daytime Telephone Numb	ær
Enclose	ed is a check for t	he following amount:			
[ <b>¥</b> \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Certifi losed) Certifi	Filing Fee, cate of Status & ed Copy nal 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

	Ferrer, LLC.
( <u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number 4 18000119879	npany were filed on May 14th 708 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	1 liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	23F
	28 £
B. If amending the registered agent and/or register	ed office address on our records, enter the name of the n
registered agent and/or the new registered office addres	s here:
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street 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>	Address	Type of Action
MGR	Abel J Ferrer	3832 Sw 915 AVE	<b>E</b> Add
		3832 Sw 915 AVE Miami /FL/33165.	□ Remove
			Change
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<del></del>			Add
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'an effi <del>(ote:</del>	ve date, if other than the date of filing: \( \frac{21^{5+}}{2018} \) (optional) retive date is listed, the date must be specific and cannot be prior to date of fling or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	May 21st, 2018
Dated	
Dated .	Male .

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Filing Fee: \$25.00