L18000133661

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COVER LETTER

Division of	Corporations							
Three-	Generations, LLC							
30bJEC1	Name of Lim	nited Liability Company						
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.						
Please return all corr	espondence concerning this matter	to the following:						
	Perla F. Abrams, Esq.							
		Name of Person						
	Abrams & Abrams, P.A. Firm/Company							
								
	Miami, FL 33145							
	-	City/State and Zip Code						
	pabrams@abramspa.com							
	E-mail address: (to be used for future annual report notification) ca					
For further information	on concerning this matter, please ca	all:	291 007					
Perla F. Abrams, Eso	4 .	305 598-1880 at ()	2 2					
	me of Person	Area Code Daytime Telepl	hone Number					
	or the following amount:		;· .					
■ \$25.00 Fifing Fee	e S30.00 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

TO:

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

THREE-GENERATIONS, LLC				
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	r records.)		_	
The Articles of Organization for this Limited Liability Company were filed on 5/29/18 Florida document number 18000133661		and	d assigr	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the a	bbreviatio	OII'' n	···
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address on our r	records, <u>enter</u>	the na	me of	the ne
registered agent and/or the new registered office address here:		<u> </u>	90 419	
Name of New Registered Agent:			<u> </u>	garases garases
New Registered Office Address:		2< 	70	
Enter Florida stree	rt address		فب	··· ··· ;
	P1 11		сij	

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Yesenia Encio	3910 SW 58th Avenue, Miami, Florida 33155	
			Remove
			□ Change
MGR	Niurka Leon	927 Alava Avenue, Coral Gables, Florida 33146	
			☐ Remove
			Change
			Remove
			Change
	 		Removo
			Cingage Cingage
			<u></u>
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e record speci The 90th day				not an eff	ective time	e, at 12:01	a.m. on the	earlier:	of
ated <u>/ / / /</u> 2	. 7.		. <u>Wi</u>	<u> </u>		member			

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Typed or printed name of signee

Filing Fee: \$25.00