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COVER LETTER

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subjec	et: Tre	e Stone 2	LLC Limited Liability Con	<u>.</u>
		ivame of roseign	tunned Liability Con	ірапу
Dear Sir (or Madam:			
The enclo	osed applicati	on, certificate and fee(s) a	re submitted for filing.	
Please ret	turn all corre	spondence concerning this	matter to the followin	g:
	Drland	Name of Person	0	
		Firm/Company		
9240	Junse	+ Dr #109 Address		
Mio	ım, F	City/State and Zip Code		
Dyy E-mail	Ytin (I address: (to	D) May Fin Jaw be used for future annual r	Pa · (0 M) eport notification)	
For further	Deborah	n concerning this matter, p M. Matha of Person	at (<u>186)</u>	15-0149 ime Telephone Number
R D C 2	Registration S Division of Co Clifton Buildi	orporations ng re Center Circle	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314
\ 1	l is a check f iling Fee	or the following amount: \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	 \$60 Filing Fee, Certificate of Status & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF The Articles of Organization for this Limited Liability Company were filed on 6/04/2018 and assigned Florida document number <u>L1800013868</u>Z 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 "LLC" or the abbreviation "LLC." 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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: Enter Florida street address

Liami
City

Florida

Zip Code New Registered Office Address:

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.

f 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 = Ms $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Orlando Guerrero	8010 NW 156 Terr	□ Add
		Miami Lakes, FL 33016	Remove
			Change
IMBR.	Sonia Manrique De Jurado	8010 NW 156 Terr	🗆 Add
		Hiami Lakes, FL 33016	Remove
			Change
16R	CEIWAT Enterprises	orp.	X Add
		13611 S. Dixie Huy 100	_ □ Remove
		Mjami, FL 33176	_□ Change
			_□ Add
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(If an eff Note:	ive date, if other than the date of filing:
	cord 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.
Dated	April 16. 2019. Signature of a member or authorized representative of a member
	Or land Guerrero Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00