1/800/5/1287

(Re	questor's Name)	
(Ad	dress)	
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(Do	ocument Number)	
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Of the it was to be a second section.

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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: The U	Vash Hous Name of Lim	e Landry ited Liability Company	LLC
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
	Elda	B. Carrillo)
•		Name of Person	
		Firm/Company	23196 23196 24 Yes hoo
	9114 5	W 156 CT	
		Address	
_	MIAN	1; FL 331	96
_	Fe nail address: (i	City/State and Zip Code Cover 100 C	hou. com
For further information conce			
Feinando C Name of Per	arrillo son	at (305) 3 Area Code Daytime	33 4 8 4 8 Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	••	□ \$55.00 Filing Fee &	S60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) Florida document number <u>L18CCC151287</u>. 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) ᆵ 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: 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.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

___. Florida

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>	Name	Address	Type of Action
MGR	Elda B Corrillo	12216 SW 8th ST	🗆 Add
		MIAMI FL 33184	□ Remove
			@ Change
MER	Carmen Chaffarzalel	12216 SW 8Th ST	🗆 Add
		MIAMI FL 33184	□ Remove
			① Change
			Remove
			Change
			🗆 Add
			Remove
			🗆 Change
			
			□ Remove
			Change
			Remove
			F. 61

The only change needed title for both registere to MGR. Thank you.	d persons	
to MGR. Thank You.		
	2818	
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	7	
	7 <u>9</u> 2	
		-
	<u></u>	-
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional) n 90 days after filing.) Pursuant to 605.0	207
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed	1 92 1
		_
the record specifies a delayed effective date, but not an effective time, b) The 90th day after the record is filed.	at 12:01 a.m. on the earlier	r ot:
Dated 7 17 2018 . 2018		
Signature of a member or authorized representative of a n	ember	
Elda B. Carrillo Typed or printed name of signce		

Page 3 of 3

Filing Fee: \$25.00