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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	ocument Number)	
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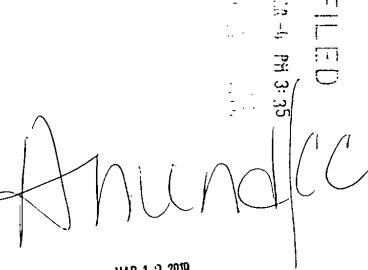
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COVER LETTER

Hialeah 750 SUBJECT:	W LLC	·	
3013Le1	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Luissell M. Brito and Luisa	M. Perez-Brito	
		Name of Person	
	Hialeah 750 W LLC		
		Firm/Company	
	2825 S.W. 2 Avenue		
		Address	
	Miami. Florida 33129		
	luissell@hotmail.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notific	ration)
For further information co	oncerning this matter, please ca	11:	
Luissell M. Brito		786 417-4832	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section
Division of Corporations

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) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/21/2018}{1}$ and assigned Florida document number ______18000152442 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 "L.L.C." 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: New Registered Office Address: Enter Florida street address Citv New Registered Agent's Signature, if changing Registered Agent:

Hialcah 750 W LLC

' 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 peing 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
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			□ Remove
			
			Remove
			□ Change
			□ Remove
		 	Change
			
			☐ Remove
			Change

Luissall M. Deita, also AMDD	of Hialcah 750 W LLC. As a result Luisa M. Perez-Brito will own 35% of
the LLC and Luissell M. Brito	will own 85% of the LLC.
Should you have any questions	s or need additional information, you may contact Luisa M. Perez-Brito
via U.S. Mail at 1400 S.W. 22	Terrace, Miami, Florida 33145 or via cellular phone: (305) 790-7064.
You can also contact Luissell N	M. Brito via U.S. Mail at 2825 S.W. 2 Avenue, Miami, FL 33129, via
email at luissell@hotmail.com,	i, or via cellular phone: (786) 417-4832.
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	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ck does not meet the applicable statutory filing requirements, this date will not be listed
cord specifies a delayed of 90th day after the recor	effective date, but not an effective time, at 12:01 a.m. on the earlied or distributions.
February 25th	. 2019
	Signature of a member or authorized representative of a member

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Typed or printed name of signee

Filing Fee: \$25.00