L18000 161942

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COVER LETTER

TO: Registration Section Division of Corpor				•
SUBJECT: <u>Berr</u>	Name of Limi	Shina LLC ited Liability Gompany		<u>-</u>
The enclosed Articles of Art	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Tedy A.	Bernardez Name of Person		
	Bernardez	Investing LLC		
	21875 SV	N 212 AVC Address		
		City/State and Zip Code		
-	Tedy Bern. Email address: (1	ardez @amo to be used for future anglual rep	11L · Com ort notification)	
For further information conc				
Tedy A. Be Name of Pe	rnarduz	at (305) (990 – 136 Daytime Telephone	Number
Enclosed is a check for the fo	ollowing amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	(d)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

30 / S My 10. 4. The Articles of Organization for this Limited Liability Company were filed on <u>07/03/2018</u> Florida document number <u>L18000</u> 161942 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Specialty TVIW LLC
e 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) 21875 SW 212 AVE Miami, Enter new mailing address, if applicable: Florida 33170 (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 City

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>	Name	Address	Type of Action
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			Remove
			Change
			□ Remove
			□Change
			□Remove
			□Change

Effect	tive date, if other than the date of filing: <u>001812-02-C</u> (optional)
Note:	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	06/11/2020 . 12:00 AM
	VA 10 CLOST
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Tedy A. Blyndy Ll 7 Typed or printed name of signee