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## **COVER LETTER**

TO:	Registration Sec Division of Corp					
C*!5 *!	4375 W, LL	С				
Name of Limited Liability Company						
The en	closed Articles of A	Amendment and fee(s) are sub-	nitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
		Robert E. Abreu, Esq.				
		ABREU LAW , PLLC	Name of Person	<del></del>		
		201 Alhambra Circle, Suite	Firm/Company : 504			
		Address Coral Gables, Florida 33134				
		City/State and Zip Code robert@abreulaw.com				
		E-mail address: (1	o be used for future annual report notifi	cation)		
For fur	rther information co	oncerning this matter, please ca	dli:			
Rober	t E. Abreu, Esq.		786 558-9646			
	Name of	Person .	at () Area Code Daytime	Telephone Number		
Enclos	sed is a check for th	e following amount:				
□ <b>5</b> 2	5.00 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:

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

4375 W, LLC		
( <u>Name of the Limited Linbi</u> (A Florid	hty Company as it now appears on our records.) la Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability ( Florida document number L18000168007	Company were filed on 07/11/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	nited Liability Company," the designation "LI.C" or th	c abbreviation "L.L.G."
Enter new principal offices address, if applicable:		2. 5.
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		<u>୍ରି</u> କ
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	stered office address on our records, <u>ent</u> lress here:	er the name of the new
Name of New Registered Agent:		··
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cuy	Zip Code

## 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> AMBR	<u>Name</u> MICHAEL QUINONES	Address 19310 W OAKMONT DR	Type of Action
		HIALEAH, FL 33015	■ Add
			Remove
			□ Remove
			☐ Change
			Add
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Effective date, if other than the date o	of filings (and and )
(If an effective date is listed, the date must be spec	cific and cannot be prior to date of tiling or more than 90 days after filling \ Purculant to 605 0207 (2)
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory tiling requirements, this date will not be listed as the
the record specifies a delayed effec ) The 90th day after the record is	ctive date, but not an effective time, at 12:01 a.m. on the earlier of:
, The Sour day after the record is	ineu.
January 14 Dated	2019
_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signaty	fig of a member of authorized representative tha member

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Filing Fee: \$25.00