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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT: R	/ Restocation Name of Limite	Sexuce UC d Liability Company	
The enclosed Articles of A	amendment and fee(s) are subm	itted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Roberto	M. Valdes Name of Person	
		roration Service	
	13944 Su) 156th Age Address	
	Miumi	R 33196 City State and Zip Code	
	E-mail address: (t	o be used for future annual report nour	ication)
	oncerning this matter, please ca	at (35) 299-3 Area Code Daytime	2195 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Tailahassee, 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 Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company. Florida document number	t t	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabil	iny Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:	n/A	
(Mailing address MAY BE A POST OFFICE BOX)		## E8
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records. <u>er</u> <u>e</u> :	ter the name, of the new
Name of New Registered Agent:	<u> </u>	3- N
New Registered Office Address:	Enter Florida street address	
	Florid	Zip Code
	Ciş:	Zip ⊂oa€

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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ctive date is listed If the date insert	, the date must be ed in this block	does not meet t	ot se prior to date the applicable st	or mine or more tha	n 90 days after filing.) Pu	rsuant to 605.020; not be listed as
			, but not an	effective time,	at 12:01 a.m. on	the earlier o
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Filing Fee: \$25.00