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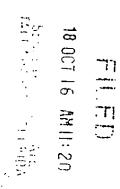
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COVER LETTER

	Registration Se Division of Cor			
/14 14		GR REMOVE NGR (HA)	NGL ADDRESS	
SUBJEC	1:	Name of the	nted I sability Company	-
The enclo	ised Articles of .	Amendment and teers) are sul	united for filing	
Please ret	uin all correspo	ndence concerning this matter	to the following	
			RAMON FIGUEROA	
		 R&A FIGU	Naw arasa PROA COMPANY I I C	
			Firm Company 3841/8/564TH/TR	
			Address [REPNAURES EL 33463]	_ -
			City State and Zip Code nultiservices(a outlook com to be used for future annual report	t notification)
For furthe	er information co	oncerning this matter, please c	satt:	
Ramon Figueroa		561 at ()	420-2306	
	Name o	Person	· -	iytime Telephone Number
Enclosed	is a check for th	ne following amount.		
■ \$25,6	00 Filing Fee	S30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (addition) Copy is enclosed)	☐ S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, F1, 32314		Registration S Division of Ce Chiton Buildi	orporations ng ce Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&A FIGUEROA COME	YVYTLC			
(Name of the Limited Liability Company (A Florida Limited Figh	as it now appears white Company)	on our records.)	-	
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{-1.18000181642}{-1.18000181642}$	ere filed on	07 30 2018	and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	v company he	<u>re</u> :		
The new name must be distinguishable and contain the words "I mited I rabinity	Company," the de	signation "LLC" or the	abbreviation "	LIC"
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	1
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · ·	=	· in_
Mailing address MAY BE A POST OFFICE BOX)				
				g- ~—
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on	our records, <u>ente</u>	er the name	of the <u>ne</u>
Name of New Registered Agent:	. -			
New Registered Office Address.	38	D S 56TH TR		
-	Enter Flori	da street address		<u> — — — — — — — — — — — — — — — — — —</u>
GREEN	CACRES	Florida _	33463	<u></u>
	t iii	· · · · ·	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 turther 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.

H 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
MGR	GLADYS ZULEMA CACERUS	3811 S 561H TR . GREENACRES FL 33463	= Add
			Remove
	ARIEL ENRIQUE FIGUEROA	4500 GULESTREAM RD	Change
MGR		LAKE WORTH, FL 33461	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			= Remove
			[] Change
			BRenight
			Change 2
		 	Remove
			Change
			Add
			Remove
			Change
			□ Remove
			□ Change

D. If amending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
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<u> </u>	(T)
	——————————————————————————————————————
- · 	
	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuam to 605,0207 (3)(the applicable statutory filing requirements, this date will not be listed as the 's records
If the record specifies a delayed effective date (b) The 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of:
Dated OCTUBRE, 03 20	018
Remon Signature of a members	Figuerog ber or authorized representative of a member
	Figueroa
	bed or printed name of signee

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Filing Fee: \$25.00