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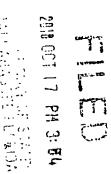
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COVER LETTER

Division of	on Section Corporations				
DE LA	A PARTE III. LLC	,			
	Name of Limi	Name of Limited Liability Company			
The enclosed Article	es of Amendment and fee(s) are subr	nitted for filing.			
Please return all corr	respondence concerning this matter t	to the following:			
	CARMEN M. PEREZ				
	DE LA PARTE III, LLC	Name of Person			
	6051 SW 85TH ST	Firm/Company			
	MIAMI, FL 33143	Address	 _		
	carmenperezcarlton@gma	City/State and Zip Code ail.com			
		be used for future annual report notifica	tion)	29	
For further information CARMEN PEREZ	on concerning this matter, please cal	II: 305 798-4428	5.5 2.4	2916 OCT	
	me of Person	at ()	elephone Number	17 PH	Francis de la constant de la constan
Enclosed is a check f	or the following amount:		う ¹ 9. 1 13	بي <u>م</u>	تسد ن
□ \$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:

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

DE LA PARTE III, LLC (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 August 17, 2018 _____ and assigned Florida document number L18000198044 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 "LLC," 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

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.

New Registered Agent's Signature, if changing Registered Agent:

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
MGR	Amanda Tackenberg	6131 SW 93rd Ave Miami, FL 33173	
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	OCTOBER 10, 2018	
. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this bl document's effective date on the D	date of filing:	7 (3)(s the
the record specifies a delayed	effective date, but not an effective time, at 12:01 a.m. on the earlier or ord is filed.	f:
Dated OCTOBER 15	2018	
Cas		
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00