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COVER LETTER

TO:	Registration So Division of Con				
CUDIC		NDALL, LLC	٠		
SUBJE	.CI:	Name of Lim	nited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Rosalia Rodriguez de Vito	ra		
			Name of Person		
		<u> </u>	Firm/Company		
		3571 W. 92 Place		:	2 4 3
		Hialeah. Florida 33018	Address		PILE DEC 26 LANASSI
		rosaliasirsa@hotmail.com	City/State and Zip Code	· · · · · ·	P. P. P.
			to be used for future annual report no	tification)	6: 23
		concerning this matter, please c			
Isabel Betancourt-Levey, Esq. Name of Person		786 262-5105 at () Area Code Davti	me Telephone Number		
	Name (n rerson	Area Code Dayu	me Telephone Number	
Enclose	ed is a check for t	he following amount:			
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C	orations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15081 KENDALL, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000208564	were filed on 8/30/18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15081 SW 113 Terrace
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33196
Enter new mailing address, if applicable:	FILER BEC 26 P
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

Citv

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>	<u>Address</u>	Type of Action
			Remove
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ative data if other than the date of filings	(optional)
ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of f	filing or more than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in this block does not meet the applicable statu	tory filing requirements, this date will not be listed
ament's effective date on the Department of State's records.	
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ecord specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	
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ed December 19 2018	
ed 16(11161 19 201)	
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- fundami	
Signature of a member or authorized repre	esentative of a member
Signature of a mornoer of yathorized rep.	

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Filing Fee: \$25.00