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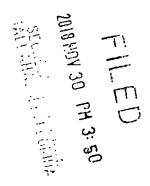
(Requestor's Name)	
(Address)	
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	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business Entity Name)	
((Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	





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Amend Rame

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AND SO PH 3. SO

Juvia Sta	ation, LLC		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Name of the Limited Liabilit (A Florida	y Company as it now appear. Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number L18000216056	ompany were filed on	09/11/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company he	<u>re</u> :	
	acion , LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
<u></u>		, Florida _	
	City		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>	<u>Name</u>	Address	Type of Action
AMBR	Millan, Jonas	1111 Lincoln Road, Suite 300 Miami Beach, FL 33139	Add
			☐ Remove
			Change
AMBR	Reyes, Michael	1111 Lincoln Road, Suite 300 Miami Beach, FL 33139	_ ■ Add
			□ Remove
			Change
MGRM	Millan, Michael	1111 Lincoln Road, Suite 300 Miami Beach, FL 33139	Add
			■ Remove
			☐ Change
MGR	Reyes, Michael	1111 Lincoln Road, Suite 300 Miami Beach, FL 33139	□ Add
			Remove
			☐ Change
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		10/11/2018			
ective date, if oth	er than the date o		·· ·	(optional) in 90 days after filing.) Pursuant	
te: If the date inser	ted in this block doe	eific and cannot be prior as not meet the applica ant of State's records.	ible statutory filing requ	in 90 days after filing.) Pursuant ifrements, this date will not b	to 605.0207 be listed as
record specifies he 90th day aft	a delayed effecter the record is	tive date, but no filed.	t an effective time,	at 12:01 a.m. on the	earlier of
November 27,	7	2018			
	1/				

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Typed or printed name of signee

Filing Fee: \$25.00