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(Re	equestor's Name)	
	idress)	<u>.</u>
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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		COVER LETTER	
; TO: Registration Division of C	Section Corporations		
SUBJECT	OF G LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	GABRIEL HATEM		
		Name of Person	
	TAX CARE DORAL		
		Firm Company	
	1400 NW 107TH AVE ST	E 400	
		Address	
	MIAMI, FL 33172		
	SUNBIZREG@TAXCARE	City/State and Zip Code EINC.COM	
	E-mail address: (to be used for future annual report not	tication)
For further informatic	on concerning this matter, please c	all:	
GABRIEL HATEM		786 8458854	
Nan	ne of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	or the 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)
	ALING ADDRESS:	STREET/COUR	
		Registration Section	on
Reg Div	istration Section ision of Corporations), Box 6327	Registration Section Division of Corpo Clifton Building	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SENSE OF G 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 09/11/2018 ______ and assigned Florida document number 118000216125

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

		₩ <u> </u>
		SE SEC
		2 3 57
Enter new mailing address, if applicable:		1 387
(Mailing address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	, <u></u>	
New Registered Office Address:	Enter Florida street d	uddress
		. Florida
	Cuy	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

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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

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AMBR =	Authorized	Member
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<u>Title</u>	Name	Address	Type of Action
MGR	LEDEZMA, ALENANDRA	1400 NW 107TH AVE STE 430	
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			C Remove
			Change
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			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 20	2018
E	
	number or authorized representative of a member
CABRIEL HATEN	Typed or printed name of signee

Page	3	of	3
	~		

Filing Fee: \$25.00