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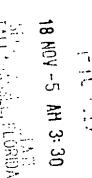
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COVER LETTER

TO:	Registration Solution Of Col			
SUBJI		OT EXPRESS SOUTH BEA	CH, L.L.C.	
5 C D()		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		AZRIEL BENDER		
			Name of Person	····
		ACCOUNTING OFFICE OF	F ALBERT BENDER, INC.	
		-	Firm/Company	,
		406 N.W. 22ND AVENUE	SUITE 701	
			Address	 -
		MIAMI, FLORIDA 33125		
			City/State and Zip Code	
		albertbenderco@bellsouth.n E-mail address: (et to be used for future annual report notif	ication)
For fur	ther information o	concerning this matter, please ca	all:	
AZRIE	L BENDER		786 458-4122	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	he following amount:		
■ \$2:	5.00 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)

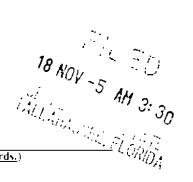
MAILING ADDRESS:

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



CARROT EXPRESS SOUTH BEACH, L.L.C.

(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 w	ere filed on	SEPTEMBER 14, 2018	and assigned
Florida document number L18000219279			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company	here:	
The new name must be distinguishable and contain the words "Limited Liability	Company." th	e designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u>, </u>	
B. If amending the registered agent and/or registered offi- registered agent and/or the new registered office address here:	ce address	on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:		-	
New Registered Office Address:			
	Enter I	lorida street address	
	City	Florida	Zin 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>	<u>Address</u>	Type of Action
MGR	JONATAN MALKIND	1755 ALTON ROAD, MIAMI BEACH, FLORIDA 33139	
			= Add
			☐ Remove
			Change
			Add
			□ Remove
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ne date of filing: ust be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing r Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605.0207 requirements, this date will not be listed as
	ed effective date, but not an effective tim	ne, at 12:01 a.m. on the earlier of
the record specifies a delayed) The 90th day after the re	cord is filed.	
	2018	

Page 3 of 3

Filing Fee: \$25.00