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TO:		istration Sect sion of Corp			
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SUBJE	.CI:	· · · · · · · · · · · · · · · · · · ·	Name of Limit	ted Liability Company	
			mendment and fee(s) are subn	-	
Please i	return	all correspon	dence concerning this matter to	o the following:	
			Branden Strickland, Esq.		
				Name of Person	
			Strickland Law Firm, PL		
				Firm/Company	
			255 Alhambra Circle, Ste. 7	• •	
				Address	
			Coral Gables, FL 33134		
			brandenstrickland@rocketma	City/State and Zip Code ail.com	
			E-mail address: (to	o be used for future annual report notificat	ion)
For furt	ther in:	formation cor	ncerning this matter, please cal	11:	
Brande	n Stric	kland		786 553-4099x	
Name of Person Area Code Daytime Telephone Number					lephone Number
Enclose	ed is a	check for the	following amount:		
■ \$25	5.00 Fi	ling 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:

TO:

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

(Name of the Limited Lighility Comps	any as it now appears on our records.)				
(Name of the Limited Liability Comps (A Florida Limited	Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L18000 397	were filed on 9/25/2018 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	2655 Le Jeune Road				
(Principal office address MUST BE A STREET ADDRESS)	Suite 320				
	Coral Gables, FL 33134				
Enter new mailing address, if applicable:	2655 Le Jeune Road				
(Mailing address MAY BE A POST OFFICE BOX)	Suite 320				
	Coral Gables, FL 33134				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·				
New Registered Office Address:	Enter Florida street address				
	City , Florida, Florida				

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> Snir Tzeiri	Address 4575 S Dean Martin Drive, #2803	Type of Action
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		Las Vegas, NV 89103	□ Remove
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	Signature of a r	nember or autho	rized representation	c of a member		70	7 ⋅
Branden L. Strickland,	_	nember or autho	rized representatiV	c of a member	-4 1 -2 17 -2 17 -2 17	Pi	7)

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