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COVER LETTER

TO:	Registration Sec Division of Corp						
CHBIE	MAGNAQI	JIES LLC					
SUBJE	(.1:	Name of Lim	ited Liability Company				
The enc	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		LEYZER HERNANDEZ					
			Name of Person				
	VENTURES LM LLC						
Firm/Company 1931 CORDOVA RD STE 186							
		FORT LAUDERDALE, FL. 33316					
City/State and Zip Code VENTURESLMLLC@GMAIL.COM							
	ication)						
For furt	her information co	oncerning this matter, please co	all:				
LEYZER HERNANDEZ		786 2333024					
Name of Person				Telephone Number			
Enclose	ed is a check for th	ne following amount:					
\$25	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

MAGNAQUIES 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 $\frac{10/29/2018}{2}$ and assigned Florida document number L18000253990 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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.

City

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	KONIK BARASCH, CARINA	1200 BRICKELLL BAY DR. APT 3406 MIAMI, FL 33131	□ Add
			Remove
			☐ Change
AMBR	SABAJ SIROTA, ADRIANA	1200 BRICKELLL BAY DR. APT 3406 MIAMI, FL 33131	= Add
			☐ Remove
			☐ Change
			□ Add
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ffective date, if other than the d an effective date is listed, the date must lote: If the date inserted in this bloo ocument's effective date on the Dep	be specific and cannot be prior to ck does not meet the applicab			
		an effective time, a	t 12·01 a.m. on the ea	rlier d
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The 90th day after the reco			t 12.01 a.m. on the ear	
The 90th day after the reco	rd is filed.	DH		
ated	rd is filed.	Affre.		

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Filing Fee: \$25.00