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JUN 1 5 2020 S. YOUNG

EL MA	TRERO LLC ,		
	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	VERONICA CANEPA		
		Name of Person	-
		Firm/Company	
	1250 S MIAMI AVE. AP	T 2805	
		Address	
	MIAMI, FL 33130	City/State and Zip Code	
	VERONICACANEPAC@	·	
	-	to be used for future annual report not	tification)
For further informati	ion concerning this matter, please c	all:	
VERONICA CANE	PA	305 978-3957	
Na	nne of Person		ne Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fo	ce \$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)
Division P.O. Box	on Section of Corporations	Street Address: Registration Solution of Co The Centre of 2415 N. Monrallanassee, F	orporations Tallahassee oe Street, Suite 810

Registration Section
Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION OF

EL MATRERO LLC			7 PM 2
(Name of the Limit	ted Linbility Compa (A Florida Limited)	anv as it now appears on our records.) Liability Company)	75 A
The Articles of Organization for this Limited L. Florida document number 18000255258	iability Company	were filed on 10/30/2018	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	1250 S MIAMI AVE. APT 2805	
Principal office address MUST BE A STREE	ET ADDRESS)	MIAMI, FL 33130	
			
Enter new mailing address, if applicable:		1250 S MIAMI AVE. APT 2805	
Mailing address MAY BE A POST OFFICE	BOX)	MIAMI, FL 33130	
D. If amounting the registered agent and/one	registered office	address on our records enter the	name of the new region
B. If amending the registered agent and/or a agent and/or the new registered office addre	•	address on our records, enter the	name of the new regig
Name of New Registered Agent:	N/A		
New Registered Office Address:	1250 S MIAM	II AVE. APT 2805	
11411 TOSISIONA OTTICO FINANCISS.	-	Enter Florida strvet address	·
	MIAM	Floris	33130

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 will 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 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

Zip Code

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			□ Add
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		
			□Remove
			☐ Change
			□ Add
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			□Remove
			FIChange

 If amending any other infor N/A 	mation, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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Note: If the date inserted in th	the date of filing: c must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 his block does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.
the record specifies a delayed effectord is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
MAY 15 Dated	2020
	O Care de
	Signature of a member or authorized representative of a member
VERONICA CANI	₽
	Typed or printed name of signee