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COVER LETTER

NORTH H	ABANA EXECUTIVE SUITE	SLLC	
30bJLC1.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE A. DAPENA		
	JOSE A. DAPENA, P.A.	Name of Person	
	5975 SUNSET DRIVE, SU	Firm/Company JITE 102	
	SOUTH MIAMI, FL. 3314	Address 3	
	DAPENALAW@AOL.COM		<u></u>
For further information of	E-mail address: (t concerning this matter, please ca	o be used for future annual report notiful:	ication)
Jose A. Dapena		786 355-3389	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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

;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 Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L19000001497</u> .	oany were filed on 12/27/2018	and assigned
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 I	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	- 0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MORPH HAD ANA EVECUTIVE CHITECIAL

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

It 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
AMBR	JOSE A. DAPENA	5975 SUNSET DR. SUITE 102 SOUTH MIAMI, FL. 33143	∃ Add
			☐ Remove
			Change
AMBR	LOURDES P. DAPENA	5975 SUNSET DR. SUITE 102 SOUTH MIAMI, FL. 33143	■ Add
			☐ Remove
			☐ Change
MGR	JOSE A. DAPENA	5975 SUNSET DR. SUITE 102 SOUTH MIAMI, FL. 33143	
			■ Remove
			Change
MGR	LOURDES P. DAPENA	5975 SUNSET DR. SUITE 102 SOUTH MIAMI, FL. 33143	
			■ Remove
			☐ Change
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ective date, if other than the date of filing: (optional)		
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11175 (1. 1701)5-1101	Jose A. Dapena	

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Filing Fee: \$25.00