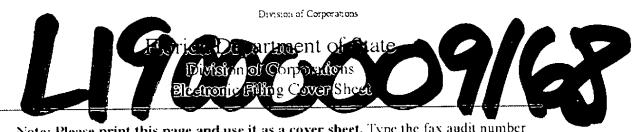
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12/4/2019



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleas Email Address:_____

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



253 DEC -4 P 1 24s

FF JJ26 LLC The Articles of Organization for this Limited Liability Company were filed on 01/07/2019 _____ and assigned Florida document number 1,19000009168 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 , 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

To: 18506176383 From: 12143052508 Date: 12/04/19 Time: 10:32 AM Page: 03/04

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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	JOSE MOISES LEON GUEVARA	10580 NW 74TH ST UNIT 307	
		MEDLEY, FL 33178	
			Change
MGR	CARLOS EDUARDO RINCON	10580 NW 74TH ST UNIT 307	= Add
		MEDLEY, FL 33178	□Remove
			Change
			[]Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			Change
			□Add
			Remove
			☐ Change

To:	18506176383	From:	12143052508	Date:	12/04/19	Time:	10:32	AM	Page:	04/04	
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Fective date, if other than the d in effective date is listed, the date must b ote: If the date inserted in this bloc cument's effective date on the Dep	K does not meet the applica	a date of filing or more to ble statutory filing rec	(optional) nan 90 days after (iling.) puirements, this date v	Pursuant to 605,0207 vill not be fisted as
ecord specifies a delayed effective of is filed.	late, but not an effective tin	ne, nt 12:01 a.m. on th	e earlier of. (b) The	90th day after the
ted DECEMBER 3	2019	_		
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Nestre C	gnature of a member or author			