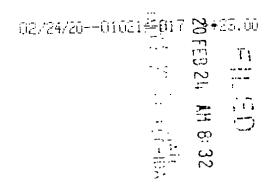
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Aleixandre Veliz LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Maria Gabriela Aleixandre Name of Person Aleixandre Veliz LLC Firm/Company 2701 Biscavne Blvd Suite 5125 Address Miami, FL 33137 City/State and Zip Code voguishdiet@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alejandro Veliz 617-4814 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION OF

Aleixandre Veliz LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000024250</u>	were filed on 01/23/2019	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	lity Company," the designation "LLC" or	the abbreviation "L.IC."
Enter new principal offices address, if applicable:	2701 Biscayne Blvd Suite 5125	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33137	· · · · · · · · · · · · · · · · · · ·
		0 Fr
Enter new mailing address, if applicable:	2701 Biscayne Blvd Suite 5125	promise P browning
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33137	京 川
		8 9
		70 31 31
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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## MGR = Manager AMBR = Authorized Member

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