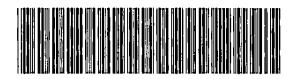
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2019 HAR 29 PM 5: 13

C. GOLDEN APR - 6 2019

COVER LETTER

Division of Co	rporations				
UNAMED SUBJECT:	LLC				
30BJEC1:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	MAX ADAMS				
		Name of Person			
	THE MEDI LAW FIRM				
	Firm/Company				
	2151 S LEJEUNE ROAD SUITE 306				
		Address			
	CORAL GABLES, FL, 33134				
	INFO@THEMEDILAWFIRM	City/State and Zip Code COM			
	E-mail address: (to be used for future annual report notifi	cation)		
For further information of	concerning this matter, please co	all:			
MAX ADAMS		305 444-3484			
Name o	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
\.	☐ \$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)		

TO:

Registration Section

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

FILED

UNAMED, LLC.

2019 MAR 29 PM 5: 13

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	all All ASSEE, FI		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000025100</u> .	y were filed on 1/23/2019	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."		
Fater new principal offices address, if applicable	501 NE 31ST STREET			
Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADDRE</u> :	UNIT 2910			
The factor of the same of the	Miami, FL, 33137			
Enter new mailing address, if applicable:	501 NE 31ST STREET			
(Mailing address MAY BE A POST OFFICE BOX)	UNIT 2910			
maning marcin Part De 11 1 001 01 1 1 02 DOM	Miami, FL, 33137			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		, enter the name of the new		
New Registered Office Fiduress.	Enter Florida street address			
	, Florida			
~	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
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 being filed to merely reflect a change in the registered office	e performance of my duties, and provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is		

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VILLACA, CASSIO M	501 NE 31ST STREET	
————			□ Add
		UNIT #2910	
		-	Remove
		MIAMI, FL, 33137	
			Change
MGR	BERTINO, MALBA C	501 NE 31ST STREET	
		ų-	□ Add
		UNIT #2910	
			□ Remove
		MIAMI, FL, 33137	
			Change
			□ Add
			□ Remove
			☐ Change
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			Change

-		Change	Adress				
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ffective date, i	f other than th	e date of filing:	t		(optional)	
an effective date i	s listed, the date m	ust be specific and oblock does not me	cannot be prior to o	late of filing or m	ore than 90 days	after filing.) Pursua	int to 605,0207
		Department of St		statutory min	g requirement;	s. this date will no	it be listed as i
e record spec	ifies a delay	ed effective da	ate, but not a	n effective t	ime, at 12:	01 a.m. on the	e earlier of:
The 90th da			·		·		
	1.1.6	20	0 10				
Dated	Mlivch	. 28 .	2014				
		,	S). C Ville				
					· ·		
		Signature of a m	ember or authoriz	ed representative	of a member		
			T/				
							

Page 3 of 3

Filing Fee: \$25.00