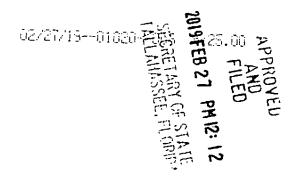
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration So Division of Cor | | | | |
|--|--|---|---|--------------------------------------|
| SUBJECT: | AMB CLE Name of Lim | ited Liability Company | LLC | |
| | Amendment and fee(s) are sub | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | | Name of Person | | |
| | AMB_ | Chear Solution | 1 HC | |
| | 873 NE | 96 st Address | | on 20 |
| | <u> Miani</u> | Shores - FF - City/State and Zip Code © Cdm @ Yaho to be used for future annual report notif | 33/38 | APPROVED FILED FILED SECRETARY OF SU |
| | E-mail address: (| to be used for future annual report notif | O·COM | |
| For further information of | concerning this matter, please co | | | 1.21 W |
| Alberto Name o | Morano -Barra | at (305) 746 Area Code Daytime | 3674 e Telephone Number | न् — |
| Enclosed is a check for t | he following amount: | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing I Certificate of Certified Cop (additional copy | `Status & oy |
| | | | | |

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

| AMB (Let S (Name of the Limited Liability Compar (A Florida Limited L | | LLC our records.) |
|--|--------------------------|---|
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on | $\frac{24/19}{}$ and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | ity Company," the design | nation "LLC" or the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | PROVED FILED PHIZE |
| | | <u></u> |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | r records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida s | tireet address |
| | City | , Florida Zip Code |
| | • | , |

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| | uthorized Member | | |
|--------------|-----------------------|--|--|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | Alberto Moreno-Barrer | 6 878 NE 965T | jx /Add |
| | | Address 873 10 878 NE 96 ST Wieni Sherus-FL-33138 | Remove |
| | | | Change |
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| D. If ame | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| E. Effect | tive date, if other than the date of filing: | 20 7 /21/L |
| Note: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records. | as the |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed. | of: |
| Dated | 2/25/19 1:55pm | |
| | Melery | |
| | Signature of a member or authorized representative sha member | |
| | Morse Parreto Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00