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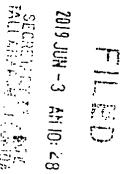
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Y SULKER JUN 1 9 2019

# **COVER LETTER**

| TO: Registration Section Division of Corpor |   |                      | <i>(</i> )         |
|---|---|----------------------|--------------------|
| SUBJECT:                                    | A COM   | E'(EM(               | o LLC              |
|   | Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Fondence concerning this matter to the following:  All Jack Jack Jack Jack Jack Jack Jack Jack |                      |                    |
|   |   |                      |                    |
| The enclosed Articles of Ame                | endment and fee(s) are subm   | nitted for filing.   |                    |
| Please return all corresponde               | nce concerning this matter to   | o the following:     |                    |
|   | Nelson  | Name of Person       | 2 (,               |
|   | CEN   | 16 LLC               | <del>-</del>       |
|   | 2332  |                      | Street             |
| _   | coral a   | Address  Address  FL | 33134              |
| _   | info. Ce Mai  | Extingloup Egnai     | (.(o M             |
| For further information conce               | erning this matter, please cal  | ŀ:                   |                    |
| Nelson R                                    | odriguez V  | (. at 786, 315       | 5972               |
| Name of Per                                 | son U   | Area Code Daytim     | e Telephone Number |
| Enclosed is a check for the fo              | llowing amount:   |                      |                    |
| \$25.00 Filing Fee                          |   |                      |                    |

### 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

| CEM6 LLC  | _  |
|---|--|
| (Name of the Limited Liability Compa-<br>(A Florida Limited L   | ny as it now appears on our records.) Liability Company)       |
| The Articles of Organization for this Limited Liability Company Florida document number <u>1900 400 79</u> .            | were filed on $07 - 08 - 2019$ and assigned                    |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liabi  | ility company here:  |
| The new name must be distinguishable and contain the words "Limited Liabil  |  |
| Enter new principal offices address, if applicable:   | 2332 Galiano Street 2nd Floor                                  |
| (Principal office address MUST BE A STREET ADDRESS)   | Coral Gables, FL 33134   |
| Enter new mailing address, if applicable:   | 2332 Galiano Street  |
| (Mailing address MAY BE A POST OFFICE BOX)  | (oral 6ables, FL 33134   |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our records, enter the name of the new         |
| Name of New Registered Agent: Wel 50  | n Rodriguez Jr.<br>2 Galiano Street                            |
| New Registered Office Address: 233  | Z Galiano Street  Enter Floridu street address                 |
| (o(a)   | gables, Florida 33131  |
|   | City Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:   |  |
| I hereby accept the appointment as registered agent and agre  | ee to act in this capacity. I further agree to comply with the |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

٠.

MGR = Manager

| AMBR = A     | uthorized Member     |  |                         |
|--------------|----------------------|--|-------------------------|
| <u>Title</u> | <u>Name</u>          | Address                                  | Type of Action          |
| MGR          | Alvarez, Michael J.  | Address 6915 S Red Rd                    | D Add                   |
|              |                      | coral Gables, FL 33143                   | Remove                  |
|              | 1 ~                  |  | Change                  |
| MGR          | Wayne Enterprize LLC | 409 Sw 56th Ave<br>coral Gables, FL 3313 | D Add                   |
|              |                      | coral Gables, FL 3313                    | S⊈ □ Remove             |
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| n effective date<br>ote: If the date<br>cument's effec | if other than the date is listed, the date must be inserted in this blocketive date on the Department | especific and<br>does not m<br>rtment of S | cannot be prio<br>neet the applic<br>tate's records | cable statutor | y filing requir  | ements, this d | ling.) Pursuant to 60<br>ate will not be lis | sted a   |
|  | cifies a delayed e<br>by after the record   |  | ate, but no   | ot an effect   | tive time, a     | t 12:01 a.r    | n. on the earl                               | ier (    |
| tedO   | 5-20  | <u> </u>                                   | 2019  | <u>`</u> .     |                  |                |  |          |
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Page 3 of 3

Filing Fee: \$25.00