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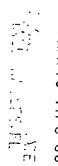
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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R. WHITE

APR 2 4 2019

2019 AFR 16 PM 6: 38



COVER LETTER

то:				
SUBJE		ROTHERS LLC		
SUBJE	C1:	Name of Lir	nited Liability Company	
The enci	losed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		ROBERTO JIMENEZ		
		MOLE BROTHERS LLC Name of Limited Liability Company		
			Firm/Company	
		1700 SW 97TH AVE		
			Address	
		MIAMI, FL 33165		
		ROBERTOJIM86@GMAI		© lephone Number □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
For fireth	eer in buspation z		·	cation)
		concerning ans matter, piease c		
- KOBER		d Paran	at ()	70.1
	ixaine (A 1 C18911	Area Code Daytime	Telephone Number
Enclosed	l is a check for t	he following amount:		
■ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			STREET/COURIE Registration Section	

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 APR 16 PH 6:38

MOLE BROTHERS LLC		STEE
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	TALL, A. SEE, PL
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.19000044751}{1.19000044751}$.	were filed on 02/13/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "L1.C" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15042 SW 171st ST	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33187-6785	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1700 SW 97TH AVE MIAMI FL 33165	
B. If amending the registered agent and/or registered o	ffice address on our records.	enter the name of the new
registered agent and/or the new registered office address her		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip Code
New Registered Agent's Signature, if changing Registered Agent:	·	г.ф Спас
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	performance of my duties, and	I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	OSŁAY RODRIGUEZ	15042 SW 171st ST MIAMI, FL 33187-6785	
			□ Remove
			Change
			Add
		 	Remove
			Change
		_	
			Remove
			Change
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Remove
			□ Change

M	AILING ADDRESS KEEP THE SAME AS: 1700 SW 97TH AVE, MIAML FL 33165	
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ffectiv	date, if other than the date of filing: (optional)	
ote: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	0207 d as
reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	r of
ated A	PRII 8 2019	
aicu		
	10LL	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00