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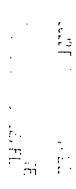
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## **COVER LETTER**

Division of Corporations	
SUBJECT: ERTITES +1	Valble LCC
Name of	Limited Liability Company
SUBJECT: FRIILES + Mark ble LCC  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:  Enclosed: Name of Person  FRIILES + Mark ble LLC  Firm/Company  LSSO BISCAYN & Pluf ## ZOI  Address  Mimi Fl 3713 2  Local State and Zip Code  Local dk pa. Lun  Evaluations and Jup Code  Local dress: (to be used for future annual report notification)  For further information concerning this matter, please call:  Lesso Biscayn & Pluf ## ZOI  Address:  Area Code Dayrime Telephone Number  Enclosed is a check for the following amount:  Xis 25.00 Filing Fee  Certificate of Status  Certificate Of Status  Certificate Of Status & Certificat Copy  (additional capy is enclosed)  Mailling Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee	
Please return all correspondence concerning this ma	atter to the following:
E	Inrico Rossi
SUBJECT: FRIIICS + Malble LLC  Name of Limined Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Ehrica Possi  Name of Person  FRIICS + Mark Plea LLC  Firm/Company  1550 Biscayn + Pluf + Zol  Address  Mimi Fl 37/3 2  City/State and Zip Code  1d K@ dk pa Lum  Evaluated address: (to be used for future annual report notification)  For further information concerning this matter, please call:  1esse Dea h - Klugel at 305 534-3460  Name of Person  Tesse Code Daytime Telephone Number  Enclosed is a check for the following amount:  Xis25.00 Filing Fee Scrifficate of Status  Certificate of Status  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations	
Division of Corporations  ERTites + Ma/ble Lucc  Name of Limited Liability Company  the enclosed Articles of Amendment and fee(s) are submitted for filing.  Lease return all correspondence concerning this matter to the following:  Ehrice Rossi  Name of Person  FRIILS + Ma ( bl-e Lucc  Firm/Company  1550 Biscayn & Rud + Zol  Address  Mimi Fl 3713 J  Cirl/State and Zip Code  Idke Idk Pa cum  Endal address: (to be used for future annual report notification)  refurther information concerning this matter, please call:  Jesse Deah - Kluger  Name of Person  at 205 534 3460  Daytime Telephone Number  telosed is a check for the following amount:  (\$255.00 Filing Fee Status & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	
	50 Biscayne Plug # 201
	Address
	ion, +13313L
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E-mail addre	ess: (to be used for future annual report notification)
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JESSE Was- Cluger	at (305) 534-3460
Name of Person	Area Code Daytime Telephone Number
	Certified Copy Certificate of Status & Certified Copy Certified Copy
Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations The Centre of Tallahassee
rananassee, FL 32314	Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ektiles	it Mall	ole, LLC		
(Name of the Limited Liz (A Flo	ability Company as it orida Limited Liability	now appears on our re Company)	cords.	
The Articles of Organization for this Limited Liability Florida document number <u>L19000059</u>	ty Company were f	iled on Marc.	4 1 2019 and	assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the Pohte Nuovo	LLC	•	'LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		. ,		
(Principal office address MUST BE A STREET AL				
				<u>_</u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	2			
B. If amending the registered agent and/or regist agent and/or the new registered office address he		s on our records, <u>er</u>	nter the name of the	new registered
Name of New Registered Agent:	·	-		
New Registered Office Address:	<del></del>	Enter Florida street a	ddress	
	Ci		, Florida Zip Co	de

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 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>	Name	<u>Address</u>	Type of Action
KMBR	Mussimo Debbia	1550 Biscayne Bludt 20 Miani, F1 20172	L CAdd
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an eff ote:	ive date, if other than the date of filing:
recor Lis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	1 1
	IM-AR
	Signature of a member or authorized representative of a member
	Jesse Dean-Kluger  Typed or printed name of signee