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COVER LETTER

(O: Registration Section Division of Corporation (Corporation (Corpora	on rations		10
SUBJECT:	Neczes Place Name of Limite	d Liability Company	's
The enclosed Articles of An	nendment and fee(s) are submi	itted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Jurge t	Jarcia Suraff Name of Person	
	Brecze	S Place, LLC Firm/Company	·
	396	Alhambra Circle	#203
	Coral	Gabes, FZ 3313 City/State and Zip Code	4
	Key/G E-mail address: (to	be used for future annual report notification	Com
For further information cor	ncerning this matter, please cal	11:	
Mi Crelle Name of I	Zambelli Person	at (786) 201 - 04 Area Code Daytime Tel	lephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$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)

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

	OI ^a	ON 10/N/
(Name of the Limited I	S Place, LLC Liability Company as it now appears on out Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabi	ility Company were filed on $3/4$ $4/39$.	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0X)	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our ce address here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida Zip Code
	City	Lip 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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MER	Susan Garcia Sarruff	2000 S. Bayshore Dr. #57 Mjami, FZ 33133	Add
,		Miami, FZ 33133	Remove
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ffect	ive date, if other than the date of filing:
VOIE:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
locum	ent's effective date on the Department of State's records.
е гес	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The	90th day after the record is filed.
ated	11-22-19
	L'UNI
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00