

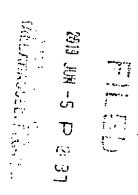
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JON S & COLD

## COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT: Faid	as Depot 3,L	Lability Company	. <del></del>
U	1 Name of Limite	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
		Concepcion Name of Person	
	Fajus Dep	of 3, 11C	
	_11080 Pi	nes Blvd.	
	Pembroke Pines	FL 330	
	E-mail address (t	Cion @ gnail. Com o he used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	ill:	
Jacqueline C	oncepcion Person	at ( <u>786</u> ) <u>449</u> T Area Code Daytime	7973 Telephone Number
Enclosed is a check for th	ne 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)
MAII	INC ADDRESS:	STREET/COURT	ER ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fajus Depot 3. L (Name of the United Liability Comp. (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L19000074338</u> .  This amendment is submitted to amend the following:	y were filed on 3/18/2019 -5 and assigned
A. If amending name, enter the new name of the limited lial  The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> e:
Name of New Registered Agent:  New Registered Office Address:  Miam	Gucline Concepcion  34 NW 82nd PL  Enter Florida street address  1 Lakes, Florida 33016
New Revistered Agent's Signature of changing Davistand Assess	City 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.

f 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

Type of Action Address Title Name Jessica Echemendia 8105 NW 164th Ter Miami Lakes FL Remove \_□ Change □ Add ☐ Remove \_□ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove □ Change

. •	ending any other information, enter change(s) here: (Auach additional sheets, if necessary.)
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"an e∭ <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated .	March 15th 2019
	March 15th 2019.  Concepcion Signature of a member or authorized representative of a member
	Tacqueline Concepcion  Typed or printed name of signee

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Filing Fee: \$25.00