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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

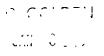
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COVER LETTER

Division of Corpo	orations		
SUBJECT: Nafa	cel Enterp	Yr Se S ited Liability Company	
The enclosed Articles of Ai	nendment and fee(s) are subi	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
Trease return an correspond	Ruce concerning this matter	to the following.	
	Rafae	Name of Person	
	Rafa	el Enterprises	
	3701 N	Country Club Address	b Drive
	Aventura Rafi Ping	City/State and Zip Code SKy (a) 9 ma, 1 com to be used for funde annual report notif	7
			eauon
For further information con	cerning this matter, please ca	ıll:	
Jourathan A	AKermah erson	at (<u>917_)</u>	7 45 4 Telephone Number
Enclosed is a check for the	-		
☑ \$25.00 Filing Fee	S30.00 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)

TO:

Registration Section

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company) (A Florida Limited Liab	as it now appears on		2013 NSC -2	PM 4:53
The Articles of Organization for this Limited Liability Company we Florida document number <u>L19000086762</u> .		rch 22, 2	2019_ and assign	i ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	v company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	nation "LEC" or il	he abbreviation "U.I. C	
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 office add agent and/or the new registered office address here:	lress on our recor	ds, <u>enter the r</u>	name of the new r	 registered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida s	treet address		
		Florida	•	
	Cuv	1 107 102	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>	Name	<u>Address</u>	Type of Action
Manage (Rafael Pinsky	3701 N Country club Dr. Oventura, FL 33180	Dadd
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			SChange
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			□Remove
			ClChange
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			late, but not	t an effective t	ime, at 12:01 a	a.m. on the earlier
The 90th da	y after the re	ecord is filed.				
ted Novi	ember	25+4	2019			
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Filing Fee: \$25.00