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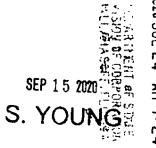


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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
CLOBITECTO	CH & WHALEN LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
·	J		
	GERMAN D. SIMCOVIC	CH	
		Name of Person	
	SIMCOVICH & WHALE	NILC	
		Firm/Company	
	7610 HARDING AVENU	E. OPFICE	
		Address	
	MIAMI BEACH, FL. 334	41	
		City/State and Zip Code	
	HELLO@SIMCOVICHWI	HALEN.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information c	concerning this matter, please c	all:	
GERMAN D. SIMCOV	ICH	786 547-9376	
Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sc	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	rt. 32314	2415 N. Monro	oe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SINICOVICTI & WHALEN LIC				
(Name of the Limited	Liability Compa A Florida Limited	iny as it now appears on Liability Company)	our records.)	
,,		company)		
The Articles of Organization for this Limited Lia	bility Company	were filed on $\frac{04/04/2}{2}$	2019 And and assigned	
Florida document number L19000089001				
This amendment is submitted to amend the follow	ving:		17:24	
A. If amending name, enter the new name of t	the limited liab	ility company here:	•	
he new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applical	ble:	7610 HARDING AVENUE, OFFICE		
Principal office address MUST BE A STREET	(ADDRESS)	MIAMI BEACH, FI	L.	
		33141		
Inter new mailing address, if applicable:		7610 HARDING A	VENUE, OFFICE	
Mailing address MAY BE A POST OFFICE B	OX)	MIAMI BEACH, FI	l	
		33141		
B. If amending the registered agent and/or reg gent and/or the new registered office address	<u>here</u> :		rds, <u>enter the name of the new registe</u>	
Name of New Registered Agent:	GERMAN D. S	IMCOVICH		
New Registered Office Address:	900 6TH ST. A			
		Enter Florida s	street address	
	MIAMI BEACI	Į-l	Florida 33139	
	-	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

SIMCOVICH & MULLICALLO

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.

TC/'L	F1 1 4 1	Agent, Signature	~ ~ .	** *	
ir Changing	Registeren	Acent Nionature	A New	" Redistered A de	n t
** ************************************		rependence of production	01 / 16 //	TAKE CONTROL OF TAKE	***

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>	Address	Type of Action
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effective date is fisted, the date must be	i specific and cannot be p	rior to date of filing i	or more than 90 days after	filing EPorsupor to 605 020
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			tive of a member	

Typed or printed name of signee