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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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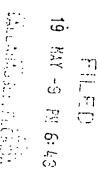
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MAY 20 2019 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	エ T - り III Name of Limi	, LL C ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are subt	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	DAN	Name of Person	
	SARPZ	Firm/Company	ow, pp.
	2670 N	VE 215-14 ST Address	
	Avertur	City/State and Zip Code Carachi law Com o be used for future annual report notific	
•	2-16	City/State and Zip Code	
-	E-mail address: (to	o be used for future annual report notific	cation)
For further information conc			
Oan Sara	terti, esq.	at (305) 467 Area Code Daytime	- / 80 7
		, was coas payame	roid/notice (villace)
Enclosed is a check for the fe	ollowing 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

(Name of the Limited Liability Compan (A Florida Limited Li	<u>y as it now appears o</u> ability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 19000 > 92990</u>	vere filed on	1/4/19	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here	:	
The new name must be distinguishable and contain the words "Limited Liabilit			
Enter new principal offices address, if applicable:	20533	Biscagne 1	01×0±4-502
(Principal office address MUST BE A STREET ADDRESS)	Aventu	a, ri 33	-180
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	ice address on o	ur records, enter 1	he name of the new
registered agent and/or the new registered office address here:		7. 2. 2.	6: 43
Name of New Registered Agent:	··· · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida	street address	
	City	, Florida	Zip Code
	CHY		rap 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>	Address	Type of Action
		 	
			□ Remove
		 	Change
			□ Add
			☐ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change

ii ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ell Note:	(optional) lective date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as then it's effective date on the Department of State's records.
	tord 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.
Dated	4/22/19 Jun L.
	Signature of a member or authorized representative of a member
	Don Spationi, ESQ.

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Filing Fee: \$25.00