To: 18506176383 From: 14694451465

Date: 06/04/19 Time: 10:02 AM Page: 01/04

Division of Corporation

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I2018000011 : (844)386-0178 : (214)317-4754 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:						
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JUN 05 2019

M. SOLOMON

Date: 06/04/19 Time: 10:02 AM Page: 02/04 To: 18506176383 From: 14694451465

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H190001769443)))

(Name of the Limi	ted Liability Company as it now ap (A Florida Limited Liability Compa	penrs on our records.) ny)				
The Articles of Organization for this Limited Liability Company were filed on 05/31/2019 Florida document number L19000098404						
This amendment is submitted to amend the foll	lowing:					
A. If amending name, enter the new name of	of the limited liability compan	y here:				
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the	abbrevistion "L.L.C."			
Uniter new principal offices address, if uppli	28.5					
Principal office address MUST BE A STREE						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)			일당 등			
B. If amending the registered agent and	/or registered office address	s on our records, cute	er the name of the n			
registered agent and/or the new registered of		, o n out (dam ==, ===;				
Name of New Registered Agent:	IOHNNY JOSE TERAN IBA	IRRA .	<u> </u>			
New Registered Office Address:	3685 NW 41ST STREET	·				
-	Enter	Florida şireci uddrass				
·		, Florida				

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 Rusistered Agent, Signature p New Registered Agent

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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	Address	Type of Action
MGR	JOHNNY JOSE TERAN IBARRA		
			D Add
			E 2
		745 NW 126TH CT	□ Remove
	•	MIAMI, FL 33182	
MGR	JOHNNY LEONARDO TERAN		
	IBARRA		DbA
	,		
		12020 614 1074 7770 1 05	□ Remove
		13820 SW 10TH TERRACE MIAMI, FL 33184	
•			m Cuange
			Add 2
			-E-Remoit
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			Remove
		·	Change

To: 18506176383 From: 14694451465 Date: 06/04/19 Time: 10:02 AM Page: 04/04 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective 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 (3)(b) Nate: If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed as the document's effective dute on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated JUNE, 03 2019 Signature of a member or authorized representative of a member JOHNNY JOSE TERAN IBARRA

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Typed or printed name of signee