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Ta: Division of Corporations Fax Number : (850)617-6383 From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : 120000009146 Phone : (305)444-4994 : (305)444-4977 Fax Number \*\*Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.\*\* LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 69 INMOBILIARIA ALELUYA LLC

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AUG 1 4 2020

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INMOBILIARIA ALELUYA LLC		
(Name of the Limited Liability Com (A Floral: Lunited	puny us it now appears on our recor I Liability Compuny)	<u>d4.)</u>
The Articles of Organization for this Limited Liability Compar	y were filed on 04/11/2019	and assigned
Florida document number L19000100254		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	bility company here:	
The new name must be distinguishable and contain the words "Limited Lie	bility Company," the designation "Lf.	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		920
		<b>₽</b>
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<del>- E :</del>
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
•		<del>- 0</del>
B. If amending the registered agent and/or registered office	waddress on our records, ento	er the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	rest
	, !	Florida
	City·	гір Сойс
New Registered Agent's Signature, if changing Registered Age		_
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete	igree to act in this capacity. I eie performance of my duties,	further agree to comply with t and Lam familiar with and
accent the obligations of my position as registered agent	as provided for in Chapter 60.	5. F.S. Or, if this document is

accept the obligations of my position as registered agent as provided for in Uniquer 603, P.S. Or, y this declared 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 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

Title	Name	Address	Type of Action
MGR	NELSON J. ROMERO	4662 NW 107TH AV	□Add
		1902	<b>≘</b> Remove
		DORAL, FL 33178	
MGR	JOSE PAUL ROMERO	4662 NW 107TH AVE	
	<del></del>	1902	
		DORAE, FL 33178	
***************************************			□Add
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			□Add
			□Remove
			©Change
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