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COVER LETTER

TO:	Division of Co			
end iez		S FINOS LLC.		
SUBJEC	. l i	Name of Lin	nited Liability Company	
The encl	osed Articles o	of Amendment and fee(s) are sul	omitted for filing.	
Please re	nurn all corresp	condence concerning this matter	to the following:	
		JOSE L NAVARRO		
		TANINOS FINOS	Name of Person	
		784 NE 85TH ST APT 20	Firm/Company	<u> </u>
			Address	
		MIAMI.FL, 33138	City/State and Zip Code	
		m.martes@igmasa.com E-mail address: 0	to be used for future annual report not	ittestion)
For furth	er information	concerning this matter, please e		
Manuel i	Martes		305 447-2611	
	Name	of Person	at ()	ne Telephone Number
Enclosed	is a check for	the following amount:		
3 \$25.0	00 Fiting 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)
	Regist Divisi P.O. F	JNG ADDRESS: ration Section on of Corporations lox 6327 assec, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TANINOS FINOS LLC

(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co.	ompany were filed on 04/25/2019 and assigned
Florida document number L19000113626	19
This amendment is submitted to amend the following:	ted liability company here:
A. If amending name, enter the new name of the limit	ted liability company here:
N/A	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	784 NE 85 ST APT 205 5 5
(Principal office address MUST BE A STREET ADDRI	ESS) MIAMI, FL, 33138
Enter new mailing address, if applicable:	784 NE 85 ST APT 205
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL, 33138
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent: N/A	
New Registered Office Address:	
	Enter Florida street address
	Florida
-	City Zip 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			
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te: If the date inserted in this cument's effective date on the	block does not meet the app	licable statutory fil	ing requirements, th	is date will	not be	listed :
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record specifies a delay The 90th day after the re	ed effective date, but record is filed.	not an effective	time, at 12:01	a.m. on	the ea	ırlier (
May 20th	2019	<u>. </u>				
Ano -f	. Mavarro . Signature of a member or au					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00