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JAN 1 6 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Naveed Hanif Name of Person
freauthy Shanters
3898 Via Poinciana, 15
Lake Worth A 33467 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sadia Sharti at (56) 687-6466 Name of Person at (56) Daytime Telephone Number
Enclosed is a check for the following amount: \$\int \text{S25.00 Filing Fee} \text{S30.00 Filing Fee & Gertificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee.} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \qqq \qqq \qqq \qqq \qqq \qqq \qqq \q
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·	_	> · • • • • • • • • • • • • • • • • • •
(Name of the Limited Liability Compa (A Florida Limited	CON UC any as it now appears on our records.) Liability Company)	31 039
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000139662</u> This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11711 Okeechob	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11711 Okeechobee Royal Palm Bea	Blud Ch, F(33411
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		i.d.,
	. Fior	ida

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 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
MGR	Santiago Miguel Fernandez	11711 Okeechobee Blvd	ZÁdd
	Fernandez	Royal Palm Beach, FC	□Remove
		33411	Change
MGR	Mauricio Martin	11711 Oklechobel Blud	Z \\dd
	Machado Unuszkanya	1cz Royal Palm Beach, re	□Remove
		33411	□Change
MGR Ruben Gastor	Ruben Gaston Bruzzoni Brossard	11711 Okeechobee Blva	<u>≯</u> \\dd
	Bruzzoni Brossara	Loyal Palm beach, F	∠ □Remove
		33411	□Change
			□Add
			□Remove
			□Change
		 	🗆 Add
		□Remove	
			🗆 Add
			□Remove
			□Change

	
(If an effecti Note: If	date, if other than the date of filing:
ne record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 12. 2019.
	December 12 2019. Blue March Signature of a member or authorized representative of a member
	Bryno Miceli Typed or printed name of signee

Filing Fee: \$25.00