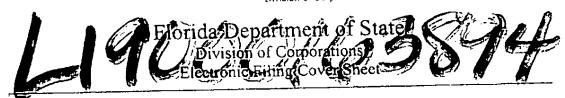
8/16/2019



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.

(((H19000245045 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205 Phone : (305)416-6800

Fax Number : (305)416-6811

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YP 2110, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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AUG 19 2019

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## **COVER LETTER**

ro:	Registration Sec Division of Corp	tion orations		
	YP 2110, LL			
SUBJE	CT:	Name of Limite	d Liability Company	····
		Amendment and fee(s) are subm		
Picase r	eturn all correspon	ndence concerning this matter to	the following:	
		Jose M. de la O		
			Name of Person	
		1000 Brickell Ave.		
			Finn/Company	<del> </del>
		Suite 300		
			Address	
		Miami, FL 33131		
		jose@agi-ra.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	cation)
For fu	ther information o	concerning this matter, please ca	11:	
Jose M. de la O		305 416-6800		
	Name	of Person	at ()	Telephone Number
Enclo	sed is a check for	the following amount:		
<b>≌</b> \$7	5.00 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 Taliahassee, 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

(((H19000245045 3)))

(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	,
The Articles of Organization for this Limited Liability Company were filed on June 21, 201 lorida document number L19000163894	9 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	\$ O
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	ecords, <u>enter the name of t</u>
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida stree	i address
	, Florida Zip Code

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:

	Manager	
AMBR =	Authorized	Member

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<u>Title</u>	Name	Address	Type of Action
MGR	Diaz-Infante, Mauricio	1000 Brickell Ave, Suite 300	
		Miami, FL 33131	
			■ Remove
			☐ Change
MGR	FSDI Managers, LLC	1000 Brickell Ave., Suite 300	<b>=</b> Add
		Miami, FL 33131	_
			Remove
			Change
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he 90th day after the record is filed.			
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RR /holes asses			
	authorized representative of a member		
Signature of a member of	BHUDDINED Jebicacimine of a memori		

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Filing Fee: \$25.00