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	Account Name	: CLARA GIRALDO ENROLLED AGENT	e L
	Account Number		T-9
	Phone	: (305)485-9300	F.
	Fax Number	: (305)485-1098	Ŀ?
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annual report mailings. Enter only one email address please.**

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CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUIT: MIAMI, FL 33155 PH.: (305) 485-9300

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Link)	lity Company as It now appears an our			
(A Flori	lity Comnany as it now appears on our records.) da Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 07/22/2019 and Florida document number L19000178690				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lip</u>	nited llability company here:			
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office uddress MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:		·		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or registered agent and/or the new registered office ado	stered office address on our records, <u>er</u> dress here:	ater the name of the		
		1.2		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Florida			

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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<u>Title</u> MGR	<u>Name</u> JUAQUIN A, ESPINAL	Address 859 NW 1ST ST APT 2	Type of Action
		MIAMI, FL 33128	Q Add
			Remove
			Change
MGR	JOAQUIN A, ESPINAL VALLADARES	863 NW 1ST ST	D
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CLARA GIR 4080 SW 84	ALDO E.A. AVENUE SUITE C		Change
ILAMI, FL 33155		Page 2 of 3	7 Reme

Jul 29 2019 02:50PM Clara Giraldo Tax Firm 3054851098

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

07-29 Dated ____ 2019

maral Ko Barrillor (<u>Junan</u> Signature of a member or authorized representative of a member

MARCELINO BARRIENTOS GUZMAN

document's effective date on the Department of State's records.

Typed or printed name of signee

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