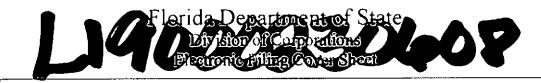
4/20/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000 : (800)603-5868 Fax Number

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

Email Address: RLOPS@PARASEC.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOPEZ ESTATES LLC

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To: 18506176383 From: 19165767051 Date: 04/20/20 Time: 1:35 PM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Nume of the Lim	Lopez Esta ited Liability Compa (A Florida Limited I	ny as it now appears of	on our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on <u>9/12/3</u>	2019	an@assi	gned
Florida document number 1.19000230608			:	20 APR	-
This amendment is submitted to amend the fol	lowing:			R 20	
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company hero	<u>:</u>	AH 10:	, 4 . 1 <del>1</del> 1
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	ignation "LLC" or the ab	breviation L.L.	.C."
Enter new principal offices address, if appli	cable:	9931 SW 22nd St			
(Principal office address MUST BE A STRE	ET ADDRESS)				
		Miami, Florida, 331	65		
Enter new mailing address, if applicable:		9931 SW 22nd St	<del></del>		
(Mailing address MAY BE A POST OFFICE	(BON)				
		Miami, Florida, 331	65		
B. If amending the registered agent and registered agent and/or the new registered of	• • •		our records, <u>enter</u>	the name o	<u>f</u> the
Name of New Registered Agent:	Jefferson Lopez				
New Registered Office Address:	9931 SW 22nd S		a street address		******
	Miami, Florida		, Florida <u>33</u> 1	165	
		City	·	Zıp 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

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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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add 2021 Remove
			BChange
			Add
		<del></del>	Change
		<del></del>	Remove
			□ Change
			□ Remove
			☐ Change
			Remove
			Change
			□ Change

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

2020 APR 20 AH 10: 1 4

E.	Effective date, if other than the date of filing:	(optional)
	(If an effective date is listed, the date must be specific and cannot be prior to da	te of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b
	Note: If the date inserted in this block does not meet the applicable	statutory filing requirements, this date will not be listed as the
	descriment's effective date on the Department of State's records	

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.

Dated	April 2	Attal/ 2020	
_			
		Signific of a member of authorized representative of a member	
	Jefferson Lopez		_

Typed or printed name of signee

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Filing Fee: \$25.00