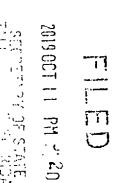
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## **COVER LETTER**

	Registration Se Division of Cor			
CUDIC	MARMAX			
SUBJEC	TT:		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Maria M. Calderon		
		<del>-</del>	Name of Person	
		Law Office of Valeria Sch	vartzman, P.A.	
			Firm/Company	
		12550 Biscayne Blvd, Suit	e 406	
			Address	
		North Miami, Florida 3318	31	
			City/State and Zip Code	
		maria@schvlaw.com		
		E-mail address: (	to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	ıll:	
Maria M	I. Calderon		305 974-0114 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	YARUR, CRISTINA	4010 S OCEAN DRIVE, UNIT R-1208	Add
		HOLLYWOOD, FL 33019	■ Remove
			Change
MGR	MARCHANT, MAXIMILIANO	4010 S OCEAN DRIVE, UNIT R-1208	Add
		HOLLYWOOD, FL 33019	Remove
			☐ Change
			□ Remove
			Change
		<del></del>	Add
			Remove
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	specifies a delayed day after the reco		ate, but no	ot an effec	ctive time,	at 12:01 a	.m. on the	earlier of:
Dated Octob	per 10		2019	·				
		11/1	-	old	,			
_	<del>_</del>	Signature of a me	ember or author	orized repres	entative of a mu	ember		_
N	·							

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Filing Fee: \$25.00