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(Requ	estor's Name)	
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(City/S	State/Zip/Phone #	)
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Certified Copies	Certificates of	f Status
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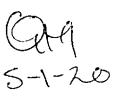
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

Mailing Address:  Registration Section  Street Address:  Registration Section		gistration Se vision of Cor			
Name of Limited Liability Company  The enclosed Articles of Amendment and fec(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    MAURICIO FERNANDEZ	SHD IFCT		ELOPMENT LLC		
Please return all correspondence concerning this matter to the following:    MAURICIO FERNANDEZ	SUBJECT	·	Name of Lim	ited Liability Company	<del></del>
Please return all correspondence concerning this matter to the following:    MAURICIO FERNANDEZ	The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
FERNANDEZ FERRAN AND ASSOCIATES, LLC  Firm/Company  7900 SW 57 AVE, STE 15  Address  MIAMI, FL 33443  City/State and Zip Code  MFERNANDEZ@FERNANDEZFERRAN.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FLORIAN HAFFA  Name of Person  Area Code  Table Title Telephone Number  Enclosed is a check for the following amount:  Securificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Street Address: Registration Section	Please retur	n all correspo	ondence concerning this matter	to the following:	
FERNANDEZ FERRAN AND ASSOCIATES, LLC  Firm/Company  7900 SW 57 AVE, STE 15  Address  MIAMI, FL 33143  City/State and Zip Code  MFERNANDEZ@FERNANDEZFERRAN.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FLORIAN HAFFA  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Registration Section			MAURICIO FERNANDE	Z	
Firm/Company  7900 SW 57 AVE, STE 15  Address  MIAMI, FL 33143  City/State and Zip Code MFERNANDEZ@FERNANDEZFERRAN.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FLORIAN HAFFA  305 Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Bell\$ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Registration Section				Name of Person	
Address  MIAMI, FL 33143  City/State and Zip Code  MFERNANDEZ@FERNANDEZFERRAN.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FLORIAN HAFFA  305  Area Code  T33-5733  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\begin{array} \text{S25.00 Filing Fee} & \text{S60.00 Filing Fee}, \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Mailing Address:} \text{Registration Section}			FERNANDEZ FERRAN	AND ASSOCIATES, LLC	
Address  MIAMI, FL 33143  City/State and Zip Code  MFERNANDEZ@FERNANDEZFERRAN.COM  B-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FLORIAN HAFFA  at (			<del></del>	Firm/Company	
City/State and Zip Code  MFERNANDEZ@FERNANDEZFERRAN.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FLORIAN HAFFA  Same of Person  Name of Person  Name of Person  Area Code  Securificate of Status  Certificate of Status  Certificate of Status  Mailing Address:  Registration Section  Registration Section  MFERNANDEZ@FERNANDEZFERRAN.COM  City/State and Zip Code  MFERNANDEZ@FERNANDEZFERRAN.COM  Total Code  Mailing Address:  Registration Section			7900 SW 57 AVE, STE 15	;	
City/State and Zip Code  MFERNANDEZ@FERNANDEZFERRAN.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FLORIAN HAFFA  305 Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S25.00 Filing Fee} & \text{S55.00 Filing Fee} & \text{S60.00 Filing Fee}, \text{Certificate of Status} & \text{Certificate of Status} & \text{Certified Copy} & \text{Certificate of Status} & \text{Certified Copy} & Ce				Address	<del> </del>
MFERNANDEZ@FERNANDEZFERRAN.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FLORIAN HAFFA  Sat ( )  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee Scentificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Mailing Address:  Registration Section			MIAMI, FL 33143		
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FLORIAN HAFFA  Sate ( )  Name of Person  Name of Person  Name of Person  Name of Person  Security ( )  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Security ( )  Certificate of Status ( )  Certificate of Status ( )  Certificate of Status ( )  Certified Copy ( )  (additional copy is enclosed)  Mailing Address:  Registration Section  Registration Section				City/State and Zip Code	
FLORIAN HAFFA  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\begin{array}{c ccccccccccccccccccccccccccccccccccc					
FLORIAN HAFFA  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{c ccccccccccccccccccccccccccccccccccc			E-mail address: ()	to be used for future annual repor	t notification)
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\begin{array}{c ccccccccccccccccccccccccccccccccccc	For further	information c	oncerning this matter, please ca	all:	
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\begin{array}{l} \text{Solution} \text{Filing Fee} \text{ \$\leftarrow \text{\$\scirc}	FLORIAN	HAFFA			33
\$25.00 Filing Fee \$30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status &		Name o	f Person		aytime Telephone Number
\$25.00 Filing Fee Salous Filing Fee & Solous Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)    Mailing Address: Registration Section   Street Address: Registration Section   Registration Section   Status & Certified Copy (additional copy is enclosed)   Street Address: Registration Section   S	Enclosed is	a check for th	ne following amount:		
Registration Section Registration Section			☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status &
Division of Comparations	Re	gistration S	Section	Registration	Section
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L19000243258</u>	ompany were filed on 09/26/2019	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the ab		
Enter new principal offices address, if applicable:		2020 APR	<u> </u>
Principal office address MUST BE A STREET ADDRE	ESS)	APA	G C
		20	377 7
		PH	320
Enter new mailing address, if applicable:		$\dot{\mathcal{S}}$	-ξε <del>- Στ</del>
Mailing address MAY BE A POST OFFICE BOX)		80	
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the nam	e of the new	registe
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida street address		
	, Florida		
<del></del>	City	Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

CDIC INCIVICI CODMICATE LLC

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	ALEXANDER POSH	3131 NE 7th Ave Miami, FL 33137	\BAdd
			□Remove
			□Change
			□Add
			Remove
			□Change
<del></del>			□Add
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			□ Change

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ective	date, if other than the date of filing:  04/15/2020 (optional)  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.02
<u>te:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cument	s's effective date on the Department of State's records.
	and the state of t
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
	. 04/16/2028
ted	···································
ted	
ted	Signature of a member or authorized representative of a member