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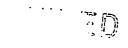
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COVER LETTER

TO: Registration S Division of Co			
541 Holdin	ngs, LLC		
SUBJECT:	Name of Lin	nited Liability Company	_
The analogue Agricles of	Amendment and fee(s) are sub	hadred 6 41.	
	ondence concerning this matter	-	
	Gilbert Contreras, Esq		
	-	Name of Person	_
	Contreras & Camacho, P.z	Α.	
		Firm/Company	
	141 Almeria Avenue		
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	-
	rick.s13@hotmail.com		
	E-mail address; ((to be used for future annual report notification)	_
For further information of	concerning this matter, please c	call:	
Gilbert A. Contreras, Es	ч	786 594-0180 Ext 300	
Name o	of Person	at () Area Code Daytime Telephone Num	uber
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, licate of Status & lied Copy onal copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	1110
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite	: 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 DEC - 3 PM 5: 59

541 Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/15/2019 and assigned Florida document number ____L19000259143 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

_. Florida _

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 Richard Suarez	Richard Suarez	625 Biltmore Way	= Add
		Suite 1407	
		Coral Gables, FL 33134	□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change

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F ffect	ive date, if other than the date of filing: (optional)
(If an eff	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
the red) The	cord specifies a delayed effective date, but not/an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	November 26th - 2019
	/~ / /
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00