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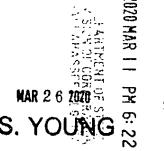
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COVER LETTER

TO:

**	tion Section of Corporations
SUBJECT:	Rodriguez Garcia Family 6004 LLC. Name of Limited Liability Company
The enclosed Arti	eles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Ternando Franco Name of Person
	Franco Law Firm P.A.
	Firm/Company
	1200 Brickell Avenue SUTHE 1800
	Michael F1 . 33131 City/State and Zip Code
	City/State and Zip Code Canco E Francolegal grow. Com E-mail address: (to be used for future andual report notification)
For further inform	ation concerning this matter, please call:
Fernan	do Franco at (786) 724 0906 Name of Person Area Code Daytine Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
\$25.00 Filing	Fee Solution Fee & Solution Status Solution Status Certified Copy (additional copy is enclosed) Solution Status Solution Stat
Divisio P.O. Bo	ation Section Registration Section n of Corporations Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rodinguez Ga	ircia	Family	Grays	LLC	3
(Name of the Limited L	iability Com	pany as it now appea Liability Company)			望 们
The Articles of Organization for this Limited Liabil Florida document number 1900 2 A		y were filed on	10/31	17019 ma	R I
This amendment is submitted to amend the following	ng:				ە: ى ق
A. If amending name, enter the new name of the	<u>limited lia</u>	bility company ho	<u>ere</u> :		, '\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Rodinguez Gracia The new name must be distinguishable and contain the words	Famil	ky Group	LLC		
The new name must be distinguishable and contain the words	"Limited Liab	oility Company," the d	lesignation "LLC"	or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	<u>DDRESS)</u>				<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>v</u>				
B. If amending the registered agent and/or regis agent and/or the new registered office address he		address on our r	ecords, <u>enter t</u>	he name of the n	ew registered
Name of New Registered Agent:			_		-
New Registered Office Address:					
		Enter Flor	rida street address		
			, Floi	rida	
		City		Zip Cod	í,

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>	Name	Address	Type of Action
			□Add
			CIRemove
			□Change
			□Add
			□Remove
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Page 2 of 3

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lf an ef <u>Note:</u>	tive date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $= 90$ th day after the record is filed.
	Manal
Dated	March 3 Zoro
Dated	MIMICA S
Dated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00