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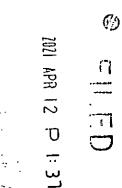


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COVER LETTER

	egistration So ivision of Cor			
CHBICCT		APTO, LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		JESSICA RUIZMARTINI	Z	
			Name of Person	
		ROBINSONLAW, P.A.		
 			Firm/Company	
		1501 VENERA AVE SUI	TE 300	
			Address	
		CORAL GABLES, FL 33	46	
		JESSICA@RROBINSONL	City/State and Zip Code AW.COM to be used for future annual report notification)	
For further	information c	concerning this matter, please c	·	
JESSICA	RUIZMARTI	NEZ	305 662-7618	
	Name o	of Person	Area Code Daytime Telepho	ne Number
Enclosed is	s a check for t	he following amount:		
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is prolosed)
R D P	lailing Addresses egistration (Division of Co. Box 632 allahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANICA APTO, 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 $\frac{11/05/2019}{11/05/2019}$ ___ and assigned Florida document number L19000275853 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 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	JORGE H. VALLEJO	324 SOUTH ELM DRIVE APT 102	≣ Add
		BEVERLY HILLS, CA 90212	□Remove
			□Change
			□Add
			□Remove
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Note: If the date inserted in this document's effective date on the			lling requirements, thi	s date will not l	be listed as
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Typed or printed name of signee