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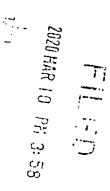
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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Co			4
SUBJE	~~	ture Management, LLC		
3000	CI	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Laura Callava, Esq.		
			Name of Person	
		LatourLaw, PA		
			Firm/Company	
		4500 Biscayne Boulevard,	PH-N	
			Address	
		Miami, FL 33137		
			City/State and Zip Code	-
		lcallava@latourlaw.com		
		E-mail address: (	to be used for future annual report no	tification)
For furtl	her information of	concerning this matter, please c	all:	
Laura C	Callava		786 8669775 at ( )	
· — ·	Name o	of Person	Area Code Daytir	ne Telephone Number
Enclose	d is a check for t	he following amount:		
<b>■ \$</b> 25	.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 Division of O	Section	Street Address: Registration Se Division of Co	

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Clorida document number L19000296807	Company were filed on 12/04/2019	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
-	-	2021
. If amending the registered agent and/or registered		
If amending the registered agent and/or registered	d office address on our records, <u>enter the</u> 1	
ent and/or the new registered office address here:		0 7
		골 (1)
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		٠
New Registered Office Address.	Enter Florida street address	
	. Florida	
<del>-</del>	, riorida	Zip Code

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

Facle Venture Management

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
AMBR	Jose E. Latour	4500 Biscayne Boulevard, PH-N	■Add
		Miami, FL 33137	□Remove
	<del></del>		□Add
		<del></del>	□Remove
			□Change
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an effective date is listed, the date ote: If the date inserted in thi	must be specific and cannot be president of State's record	ior to date of filing or more t licable statutory filing re	(optional) han 90 days after filing.) Pursua quirements, this date will no	nt to 605.020 t be listed a
record specifies a delayed effe is filed.	ective date, but not an effective	e time, at 12:01 a.m. on the	he earlier of: (b) The 90th (	day after the
March 2	2020			
		·		
	Signature of a member or au	thorized representative of a	member	<del></del>

Filing Fee: \$25.00