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(Re	equestor's Name)	
(Ac	ldress)	
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(Cil	ty/State/Zip/Phone #)
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JAN 1 6 2020 S. YOUNG

COVER LETTER

TO:

Registration Section

Div	ision of Corp	porations		
	WOODYX	LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ALAIN RODRIGUEZ		
			Name of Person	
		ARCA ACCOUNTING		
			Firm/Company	
		14171 SW 156TH AVE		
			Address	
		MIAMI FL 33196-6069		
			City/State and Zip Code	
		ARCAACCOUNTING@H		
		E-mail address: (to be used for future annual report	notification)
For further i	nformation c	oncerning this matter, please ca	all:	
ALAIN RO	DRIGUEZ		305 744-3886	
	Name o	f Person	Area Code Day	nime Telephone Number
Enclosed is	a check for th	ne following amount:		
\$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)
	iling Addres gistration S	_	Street Address Registration	
	-	Corporations	Division of C	Corporations
	D. Box 632			of Tallahassee
Та	llahassee, l	FL 32314	2415 N. Moi	nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WOODYX LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L19000297658		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
The new name must be distinguishable and contain the words "Lin	mited Liability Company." the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	I
	City	Zip Code

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 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>	<u>Address</u>	Type of Action
MGR	MARISA MUHAFRA	13727 SW 152ND ST STE 214	
		MIAMI FL 33177	□Remove
			□Change
MGR	JOSEPH VARELA	13727 SW 152ND ST STE 214	
		MIAMI FL 33177	≣Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
		_	□Add
			□Remove
			□Change
			□Remove
			□Change

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Tective date, if other in effective date is listed, it ote: If the date inserted ocument's effective date	he date must be specif Lin this block does	fic and cannot be pri not meet the app	icable statutory fil	more than 90 days after	filing.) Pursuant to 605.0207 is date will not be listed as t
record specifies a delayer is filed.	ed effective date, bu	at not an effective	time, at 12:01 a.m	on the earlier of: (b) The 90th day after the
DECEMBER 14		2019	<u> </u>		
100					
CXX _					
4	Signature	of a member or au	thorized representati	ve of a member	