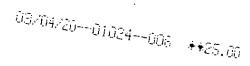
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COVER LETTER

TO: Registration Se Division of Cor			
cum IECT.	TRATIL 20	035 NC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	Unu	Name of Person	
		Name of Person	
	LAW	OFFICE OF VALE	MA SCHVARTOLAN,
	12550 BISCA	Address	106
	m Helloh	Artl, Ft, 32181 City/State and Zip Code	
	E-mail address: (6 Schvlaw . come to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
MARIA GAL	Worts Person	at (305.) 974 Area Code Daytin	O114.
Transc C	. 1 0 0 0 1	,	r
Enclosed is a check for th	ne following amount:		•
塔 \$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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632	7	The Centre of	
Tallahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ال عمد			257/ 2 257/ 2	1
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears Lability Company)	on our records.)	7.65 7.65 7.65 7.65 7.65 7.65 7.65 7.65	是门
The Articles of Organization for this Limited Liab	ility Company	were filed on		and assi	ह्य ादे ।
Florida document number <u>L20000013085</u>	<u></u> .				10
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and contain the work	ds "Limited Liabil	lity Company," the des	ignation "LLC" or the s	abbreviation "L.I	"C."
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	650 NE MIAM	64 St. F i, FLONID	1 bt. G. A 331	202 38
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our rec	ords, <u>enter the</u> nat	me of the new	registered
Name of New Registered Agent:	· <u>M</u>	ARCOS AI	MADEO		
New Registered Office Address:	650 N		TAPT. 04	202	
	MIAMI			3313	3
		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 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
AMBR.	SERASTIAN HATTAS YAGGI	1250 Biscogne BLUB, sultre 406	⊠ ∕Add
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effecti e: If	date, if other the ve date is listed, the the date inserted in a effective date o	ante must ne speci n this block doe:	and and camed a not meet th	e applicable s	CIL LIMEN OF HEA	e than 90 days aff requirements, t	er (iling.) Pursua	nt to 605.020 t be listed as
cord s	pecifies a delayed	effective date, b	out not an eff	ective time, a	12:01 a.m. or	the earlier of:	(b) The 90th o	lay after the
	Februers	128	, <u> </u>	<u>o.c</u>	NA	7		
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