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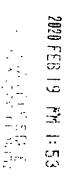
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MAR - 2 2020 M. SOLOMON

## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	340 Sheryl	Dr. LLC		
SCBSECT.		Name of Limit	ed Liability Company	<del></del>
The enclosed	l Articles of :	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	ndence concerning this matter to	o the following:	
	•	· ·	Ľ	
		Gerson Hernandez		
			Name of Person	
•		General Corporate Services	Inc.	
			Firm/Company	
		829 W, Paimdale Blvd #68		
		· · · · · · · · · · · · · · · · · · ·	Address	<del></del>
		Palmdale CA 93551		
			City/State and Zip Code	
		gerson@generalcorporate.co	m	
		E-mail address: (to	be used for future annual report notif	fication)
For further in	nformation co	oncerning this matter, please cal	l:	
Gerson Hern	iandez		661 310 2823	
<del></del> <u>-</u>	Name of	Person	at ()	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25,00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	iling Address gistration S	ection	Street Address: Registration Sec	
	ision of Co	orporations	Division of Con	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

340 Sheryl Dr. LLC		
( <u>Name of the Limited Liability Com</u> ) (A Florida Limited	pany as it now appears on our records. I Liability Company)	•
	y were filed on <u>02/04/2020</u>	and assigned
This amendment is submitted to amend the following:		
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 "LLC."  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 registagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		
he new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	. 20
Principal office address MUST BE A STREET ADDRESS		1 A
		<u></u> a
		<u>.</u> .
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
agent and/or the new registered office address here:	e address on our records, enter th	te name of the new registe
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		idaZip Code

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
MGR	Andres Franco		□Add
		181 Vera Court, Coral Gables, FL 33143	■Remove
MGR	Pablo Andres Penuela	181 Vera Court, Coral Gables, FL 33143	■Add
			□Remove
			□Change
			□Add
			- 221 221 - Remove F
		•	Change C
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fective date, if other than th	e date of f	ilina				(on)	ional)	
an effective date is listed, the date mote: If the date inserted in this occument's effective date on the	ust be specific block does r	e and cannot be	pnor to de applicable	ite of filing	or more tha filing requ	n 90 days aft	er filing.) Purs	uant to 605.020 not be listed a
record specifies a delayed effect is filed.	ive date, but	t not an effec	tive time,	at 12:01 a.	m. on the	earlier of: (	b) The 90tl	ı day after the
February 14		2020						

Filing Fee: \$25.00

Typed or printed name of signee