1200000 49745

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COVER LETTER

TO: Registration Sect Division of Corpo			
šuвjест:	Cuba Libr	A LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Alonso R.	AMOS Widier	<u>, </u>
		Name of Person	
		Firm/Company	
	2991 W	1226 AVE	
		Address	
	Hialeah 3	FIURIAA 3361.	7
	Chidien a E-mail address: to	FIURIAA 3361. City/State and Zip Code LOWSO W JAhoo o be used for future annual report notif	O. Com
For further information con	cerning this matter, please ca	dl:	
ALONSO PA	amos Uidieva Person	2 at $(\frac{95\%}{\text{Area Code}})$ Baytime	Telephone Number
Enclosed is a check for the	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)
Mailing Address:		Street Address:	
Registration Se		Registration Sec	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	A LIBRA LLE Lunger 19 25 m 1. 26
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	ability Company were filed on 2/12/2020 and assigned 49745
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE I	BOX)
3. If amending the registered agent and/or regent and/or the new registered office addres	egistered office address on our records, <u>enter the name of the new registe</u> is here:
Name of New Registered Agent:	Alonso Ramos Llidier
New Registered Office Address:	2991 W 12th AVE Enter Florida street address
	HIAPCAL Florida 33012
	City Zip Code
lew Registered Agent's Signature, if changing R	Registered Agent:

New Registered Agent's Signature, it 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
MGR	DAYRON DIAZ CALAN	υΔ	□Add
			□Change
	Alonso Ramos Uidier	7	XAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change

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an effec ote: - H	tive date, if other than the date of filing: 5/22/200 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.
is file	
	MAAU 22 rd 2020
ated _	70174 33
ated _	MAY 22 . 2020. Signature of a member or authorized representative of a member