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| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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| TO: Registration So Division of Con | | | | |
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| | ENTERPRISES LLC | | | |
| SUBJECT: | Name of Lin | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | NIRIAM M PEREZ | | | |
| | | Name of Person | | |
| | NMP PROFESSIONAL SERVICES INC | | | |
| | | Firm/Company | | |
| | 2500 SW 107 AVE SUIT | TE 8 | | |
| | | Address | - | |
| | MIAMI, FL 33184 | | | |
| | | City/State and Zip Code | | |
| | NIRIAMPEREZ@NMPPF | | | |
| | E-mail address: (| to be used for future annual report no | tification) | |
| For further information e | concerning this matter, please c | all: | | |
| NIRIAM M PEREZ | | 305 221-8176 | | |
| Name o | d'Person | | ne Telephone Number | |
| Enclosed is a check for the | he 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 Section Division of Corporations | | Registration Section Division of Corporations | | |
| P.O. Box 632 | • | The Centre of | • | |
| Tallahassee J | FL 32314 | 2415 N. Monro | be Street, Suite \$10 | |

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VAREKAI EN TERPRISES LLÇ | | |
|--|--|----------------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | ty Company as it now appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C Florida document number L20000086491 | Company were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation "LLC" of | r the abbreviation #8.1C." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADDI | RESS) | 101 22 131 22 |
| | | ,2 |
| | - | PH |
| Enter new mailing address, if applicable: | | PH 3: 07 |
| (Mailing address MAY BE A POST OFFICE BOX) | | 2 |
| B. If amending the registered agent and/or registered | d office address on our records, <u>enter the</u> | name of the new registe |
| agent and/or the new registered office address here: | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florid | la |
| | 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|------------------|-------------------------------|----------------|
| AMBR | HECTOR HERNANDEZ | 11438 SW 1 ST MIAMI, FL 33174 | ■Add |
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| | st be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing it | |
| he record specifies a delayed effectivord is filed. | e date, but not an effective time, at 42:01 a.m. on | the earlier of: (b) The 90th day after the |
| Dated | 2020 | |
| A) | 17 | |
| — T/2 | Signature of a member or authorized representative of | a member |
| TOMAS H HERNAND | ∠∕ DEZ | |
| | Typed or printed name of signee | |

Filing Fee: \$25.00