Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:			
	Division of Cor	porations	=
	Fax Number	: (850)617-6383	1010
From:			SEP
7 1 0:111	Account Name	: RAFAEL ACCOUNTING TAX	-0
	Account Number	: I20130000095	<u> </u>
	Phone	: (305)558-1685	
		: (305)558-4835	U
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Enter an	the email address	s for this business entity to be ngs. Enter only one email addre	used for future S ss please.
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEVENEIGHT G				_
Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our rec liability Company)	ords.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on FLORIDA		and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
		I I C'' or the o		off LC"
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	CCC Orthor	Doronano	
Enter new principal offices address, if applicable:	3508 NW 114 Avenue			
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33178			C)
		•	2020	
Enter new mailing address, if applicable:		<u>.</u>	SEP-	
(Mailing address MAY BE A POST OFFICE BOX)	3508 NW 114 Avenue Miami FL 33178		_	
			U	·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the no	ন ম <u>হিণ্ t</u> দ	e new registered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street	address		
		_, Florida		
	Ciry		Ztp	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>Fitle</u>	Name	Address	Type of Action
MGR	ROCIO M DIAZ QUEZADA	3508 NW 114 Ave Suite 315	□Add
		Doral FL 33166	=Remove
			Change
MGR	FELIX GREGORIO GUZMAN	3508 NW 114 Avenue	= Add
		Miami FL 33178	□Remove
			Change
			□Add
			□ Remove
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			08/28/2020			(antional)	
	f other than the dat s listed, the date must be inserted in this block tive date on the Depar			date of filing or notes statutory filing	nore than 90 d	ays after filing.) onts, this date	Pursuant to 605.020' will not be listed as
the record specifies cord is filed.	a delayed effective da	te, but not	an effective tin	ie, at 12:01 a.m.	, on the earli	er of: (b) The	e 90th day after the
. *1	GUST 28		2020				
Dated		,		~ U U			
	√	-	1(m)	444			
	Sig	mature of a r	nember or autho	nized representativ	ve of a membe	er	
			ROCIO M DIA	AZ QUEZADA			