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AUG 0 8 2020

2L1H LLC SUBJECT:		, V [*]	
SUBJECT,	Name of Lim	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:	
	RODOLFO E LUISIS		
	-	Name of Person	
	21.1H LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	15924 SW 136 WAY		
		Address	
	MIAMI FL 33196		
		City/State and Zip Code	
	rodolfoluisis@hotmail.com		
For further information c	nmail address: (oncerning this matter, please o	to be used for future annual report not all:	Heation)
			0785T
Kodo Fo E Name o	. Luisis	at (<u>305</u>) <u>337</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	
Registration S		Registration Se	
Division of C		Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

TO ARTICLES OF ORGANIZATION OF

2LIH LLC 20 PH 2:41

(Name of the Limited Liability Company as it now appears on our records.)

(A riorda Linuted Liability Company)	
The Articles of Organization for this Limited Lia Florida document number 1.20000113725		and assignc
This amendment is submitted to amend the follo	wing:	
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 STREET	TADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, en	nter the name of the new re
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	Enter Florida street ad	ddress
		Florida
	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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
MGR	LUISIS, RODOLFO E	15924 SW 136 WAY MIAMI FL32196	
			□Remove
MGR	HERMIDA, NASTASSIA L	15924 SW 136 WAY MIAMI FL32196	■Add
			□Remove
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