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COVER LETTER

TO: Registration S Division of Co			
subject: <u>R</u> e	nteria Hom Name of Lim	e improveme	ent UC
	f Amendment and fee(s) are sub- ondence concerning this matter		
·		Hernan Ren-	<u>teria</u>
		Firm/Company	
	9319 N	Address	
	LOAYZAI	PL 33150 City/State and Zip Code MR @ Hot mail. to be used for future annual report notified.	Lom
For further information	E-mail address: (t	to be used for future annual report notifull:	fication)
١.,	-	at (246 - 4687 e 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction

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

Name of the Limited Liability (A Florida Li	im provement LLc Company as it now appears on our records.) mited Liability Company)
	npany were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE,	9319 NW 4 Ave Miami FL 33150
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent:	Manuel H Renteria
New Registered Office Address: 93	Enter Florida street address
	Hiani Florida 33150 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 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	Manuel Hernan Rente	141'A	V Add
	1	9319 NW 4 Are Miami Fl 33150	□Remove
			□Change
AMBR	Robin Lyun Sand	<u> +</u>	1DAdd
		9319 NW YAVE Mioni	□Remove
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Signature of a member or huthorized representative of a member		ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
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