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	To:	Division of Corporations Fax Number : (850)617-6383	2020
2020 HOV -9 PM 4: 06	<u>.</u>	Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977 er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:	20 NOV -9 AH 9: 29

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Link (Name of the Link	ility Company as it now app	ears on our records.)		
(A Flor	ility Company as it now app ide Limited Liability Compan	y)		
The Articles of Organization for this Limited Liability Florida document number £20000157521		06/09/2020	and	l assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company	here:		
The new name must be distinguishable and contain the words "I	imited Liability Company," the	ie designation "LLC" or the a	bbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
				2020 NO
Enter new mailing address, if applicable:		······································		
(Mailing address MAY BE A POST OFFICE BOX)			· · ·	
B. If amending the registered agent and/or registe agent and/or the new registered office address her	red office address on ou e:	ir records, <u>enter the nat</u>	ne of the	e po v regi stri e O
Name of New Registered Agent:			, _{1, 1, 1} , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
New Registered Office Address:	Enter	Florida street address		
	Cib	, Florida	Zip (ade.
	City		2.45	

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
AMBR	ROSA M. DAZA	4608 E 10TH AVE	□Add
		HIALEAH, FL 33013	□Remove
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Dated			.•			
/a/ Rosa M.	Daza Signature of a mo	inber or authori	zed representative	ot a member		
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