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COVER LETTER

TO: Registration Sec Division of Corp		,	A
Sc11	1 Co Descale &	Dupa 1/10	•
SUBJECT: QQ\P	Lyle Dugrate & Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Cillian M	1. Rodriguez. Name of Person	
		Firm/Company	
	9365 SW 2	Address	
	Miami	FC 33165. City/State and Zip Code	
		City/State and Zip Code Office Value: Com. To be used for future annual report notifi	
For further information co	oncerning this matter, please ca		,
Cillian M.	Rodriguez	at (305) 833 - 11 Area Code Daytime	88
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
SZ \$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 Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corp	

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

Salt Eyfe Rusrafor (Name of the Limited Lia (A Flo	ability Company orida Limited Lial	as it now appears on o	ur records.)	<u> </u>
The Articles of Organization for this Limited Liabilit		ere filed on <u>07</u>	-77-707	and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the The new name must be distinguishable and contain the words	limited liabilit	<u>v company here</u> : Most	Wante	22 ₹ (2 ()
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designa	tion "LLC" or the	abbreviation "L.I-C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	: DDRESS)	9365 SW Micni FC	33165	## 3 0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	-	9365 SW Miani FL		•
B. If amending the registered agent and/or registence agent and/or the new registered office address her		dress on our record	ls, <u>enter the na</u>	me of the new registered
Name of New Registered Agent: New Registered Office Address:	<u> Lillian</u> 9365 .	M. Rodric Sw 21 st. Enter Florida str	ice	
	Mica	Enter Florida sti M ₁ City	reet address, Florida	33165 . 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
			□Add
			□Remove
			□ Change
			🗆 Add
			□ Remove
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n effective date te: If the dat	if other than this is listed, the date in this etive date on the	must be specific as block does not	nd cannot be prior meet the applic	able statutory fil	more than 90 days	optional) safter filing.) Purs s, this date will i	uant to 605.020 not be listed a
cord specifie s filed.	s a delayed effec	tive date, but no	ot an effective ti	ime, at 12:01 a.n	n, on the earlier o	of: (b) The 90th	n day after the
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				orized representati	un of a mambar		