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Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SHALOM SUBJECT:	16 LLC		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	YOSFRANNY GOMEZ		
		Name of Person	
		Firm/Company	
	6920 NW 106 AVE		
		Address	
	MIAMI, FL 33178		
	yosfrannygomez@hotmail.		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not	ification)
YOSFRANNY GOMEZ	-	786381997	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cortificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHALOM16 LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	any were filed on04/23/202	and assigned
Florida document number L21000190397		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	S)	
	_	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Training underest HATT DE TIT OF GITTEL BOAT		
B. If amending the registered agent and/or registered offi	ice address on our records	enter the name of the new registers
agent and/or the new registered office address here:	ice maaress on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		. 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 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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARIA C. TEPEDINO	6920 NW 106 TH AVE	≣ Add
		DORAL, FL. 33178	□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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		-	□ Add
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an effective date is liste lote: If the date inse	ter than the date of filing d, the date must be specific and rted in this block does not m date on the Department of St	cannot be prior to date of filir sect the applicable statutor		ling.) Pursuant to 605.0207 (
record specifies a de l is filed.	layed effective date, but not	an effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
				, n
ated	,			
	* Los rany	W (a)m(7		
	Signature of a m	iember or authorized represe	mative of a member	, <u>, , , , , , , , , , , , , , , , , , </u>
YOSFRAN	INY GOMEZ			.32

Typed or printed name of signee