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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	Dlamfin H Name of Limited I	Jability Company	
The enclosed Articles of Amendmen	it and fee(s) are submitte	ed for filing.	
Please return all correspondence con	cerning this matter to th	e following:	
	Canea	S, Rosalinda Name of Person	<u>. </u>
		Firm/Company	
6	420 sw 2	26tn St. Address	
_9	mpano Be	60M, FL. 33068 ty/State and Zip Code	>
	E-mail address: (to be	used for future annual report noti	fication)
For further information concerning the	his matter, please call:		
Rosalinda Ci	neas	at (561)4-80 Area CodeDavtim	.1232
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for the following	gamount:		
	0 Filing Fee & Eificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \(\sum_{1} \sum_{1} \) Florida document number L2100025t194 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
Mangor	Rosalinda Cineas	6420 sw 20th st.	təxdd
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e record d is file	I specifies a delaye ed.	d effective date, b	ut not an effect	tive time, at 12:	01 a.m. on the ea	arlier of: (b) Th	e 90th day after the
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