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COVER LETTER

Division of Corporations
SUBJECT: Subail's US Hwy UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Flavia S. Fernandez Name of Person
Firm/Company
2333 Sw 131 Place
City/State and Zip Code Flavia fernandos Quaha Cor E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Flavia S. Fevnande at (786 226-7636) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\text{S25.00 Filing Fee}} \text{S30.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} Certificate of Status & Ce
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section

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 Compan (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company	vere filed on (a)
Florida document number 1210026307	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company " the designation of t
Enter new principal offices address, if applicable:	y Company, the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	;; 1 ~1
(Mailing address MAY BE A POST OFFICE BOX)	P
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D re u	0)
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	fress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent	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>	Address	Type of Action
MGR	Flavia S. Fernan	dez 2833 Sw 131P	XAdd
		Miami, F1 3315	}\$□Remove
			Change
MOR	Bianca Ferrandez	7333 Sw13/Place 41ami, FC 33/75	XAdd
			Remove
0.5			□Change
<u>rub</u> e	Reinci Fernando	MICWII, PC 33175	ZAAdd
			Remove □
			1 Change
			PAdd G: □Add
			□Remove
			□Change
			
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			□Add □Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be some. If the date inserted in this block does not meet the approximent's effective date on the Department of State's recomment.	prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 opplicable statutory filing requirements, this date will not be listed a ords.
record specifies a delayed effective date, but not an effectivis filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated arrapest 15, 20	<u>021</u> .