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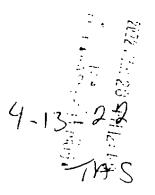
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COVER LETTER

Division of Cor			
subject: キロ	DEL REY LLC	<u>.</u>	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Francisco	Hernandez. Name of Person	
		Firm/Company	
		* *	
	2767 5	Military trail	8 tal
	West Palm ?	City/State and Zip Code	·
	Vane 5397700 E-mail address: (City/State and Zip Code ing 15 @ gmail. at to be used for future annual report no	o ri tification)
For further information c	oncerning this matter, please ca	all:	
Trancis co	Hernandez	at (561) 255	9440
Name o	f Person	Area Code Dayτίι	me Telephone Number
Enclosed is a check for the	he following amount:		
≤ \$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 Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

FH DEL CEY	LLC bility Company as it now appears on our re rida Limited Liability Company)	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our re rida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	y Company were filed on	and assigned
Florida document number	<u>27.</u>	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited 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:	N/0	<u> </u>
(Principal office address MUST BE A STREET AD	•	25
	 	27 27 27 27 20 20 20 20 20 20 20 20 20 20 20 20 20
Enter new mailing address, if applicable:	4/4	
(Mailing address MAY BE A POST OFFICE BOX)		7 0
		<u> </u>
B. If amending the registered agent and/or registo	ered office address on our records, e	nter the name of the new registered
agent and/or the new registered office address her		act the name of the new registeres
Name of New Registered Agent:	10	
New Registered Office Address:	۵/۵	
	Enter Florida street a	ddress
		, 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 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
ANGR	Francisco Hemandez	2767 S. Military trail ju	<u>†8</u> ⊋Add
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