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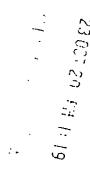
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Services Division of Con				
	EM MIRACLE LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all corresp	ondence concerning this matter t	to the following:		
	MAURICIO RODRIGUEZ			
	-	Name of Person		
	QUORE GELATO LLC			
		Firm/Company		
	15433 NE 21ST AVENUE			
		Address		
	NORTH MIAMI BEACH.	FL 33162		
		City/State and Zip Code	**	
	MAURICIO.RODRIGUEZ	@QUOREGELATO.COM to be used for future annual report notifi	ication)	
For further information	concerning this matter, please ea			
KWON JIN LEE		786 556-0849		
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate 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 Addr		Street Address: Registration Sec	rtion	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ART	ICLES OF O O	ORGANIZATI F	ON	23/10
	, and the second	•		2300720 PH 120
KONOS MIRACLE, LLC			·./	· · · · · · · · · · · · · · · · · · ·
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears o Jability Company)	n our records.)	·
The Articles of Organization for this Limited L	iability Company	were filed on 07/05		and assigned'
Florida document number L22000300509	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here	:	
QUORE GEM MIRACLE LLC				
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	cable:	15433 NE 21ST A	VENUE	
(Principal office address MUST BE A STREET ADDRESS)		NORTH MIAMI BEACH, FL 33162		
				
Enter new mailing address, if applicable:		15433 NE 21ST A	VENUE	
(Mailing address MAY BE A POST OFFICE	BOX)	NORTH MIAMI BEACH, FL 33162		
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ess here:	address on our rec	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	MAURICIO R	ODRIGUEZ		
New Registered Office Address:	15433 NE 21S	T AVENUE		
ren negastra vince romeas.		Enter Florid	a street address	
NORTH MI/		МЕВЕЛСН	Florida 331	62
		Ciţ		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
MGR	SILVIA DUQUE, HUMBERTO	2647 W 81ST STREET	
		HIALEAH, FL 33016	≣Remove
			□ Change
MGR	CAMPOMAGGIORE, DAVID	18222 SW 33RD ST	□Add
		MIRAMAR, FL 33029	■ Remove
			Change
MGR	LEE. KWON JIN	460 NE 28TH STREET PH 4301	
		MIAMI, FL 33137	□Remove
		 	Change
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			□Remove
			☐ Change
	<u></u> ,		□Add
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			□Remove
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MAURICIO RODRIGUEZ		Typed or printer			

Filing Fee: \$25.00