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COVER LETTER

TO: Registra Division		ction porations			•		,	4.		
SUBJECT:	L	IFTUP	50CK	3			•			
	_				iability Compan	y		·		
The enclosed Artic	cles of a	Amendment and	l fec(s) are su	ıbmitte	d for filing.					
Please return all co	orrespoi	ndence concern	ing this matte	r to the	following:					
			R	Be	Name of Person	COSTA	4			
			Lig	FTL	P Soc	KS L	LC			
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For further inform	ation co	oncerning this n	iatter, please	call:					19.13	· · · ·
Rober	TA Name of				at (_ 305 Area Code) 767 Daytin	8500 1e Telepho	one Number	13	
Enclosed is a chec	k for th	e following ame	ount:							
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<u>Mailing /</u> Registra						et Address: gistration Se	ection			
Division	n of Co	orporations			Div	ision of Co	rporatio			
P.O. Bo	x 632°	7			The	e Centre of '	Fallahas	see		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILION 20042 FFG	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Con	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed	on 106/23 and assigned
Florida document number <u>L 23000 462589</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	<u>any here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	5 2 <u>1</u>
	75 B
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 flew register
agent and/or the new registered office address here:	$\frac{1}{2}$
Name of New Registered Agent:	
New Registered Office Address:	
Ex	nter Florida street address
	Florida
City	Zin 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
Sec.	TONIMARCUS COSTA	7920 SW 99 ST, MIAMI, F	<u>L</u> BAdd
			Remove
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(If an effective	ate, if other than date is listed, the date	must be specific a	and cannot be pri	or to date of filing	g or more than 90 c	_ (optiona lays after fili	ng.) Pursuai	nt to 605.	.0207 (3
	date inserted in thi effective date on th				filing requireme	ents, this da	te will not	i be liste	ed as th
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