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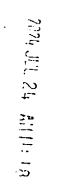
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COVER LETTER

TO: Registration Section Division of Corporations						
	CATINI EMP FL TWO LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	C/O GILDA ALMEIDA					
		Name of Person				
	GILDA ALMEIDA LAW	. PLLC				
Firm/Company						
	1001 BRICKELL BAY DRIVE SUITE 2700 #3					
		Address				
	MIAMI_FL33131					
	CH DA GCH DA AL MEID	City/State and Zip Code				
	GILDA@GILDAALMEID E-mail address: (A.COM to be used for future annual report not	ification)			
For further information of	oncerning this matter, please c	·				
GILDA ALMEIDA		786 456 6167				
Name of Person		at () Area Code Daytin	ne Telephone Number			
Enclosed is a check for t	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 1		Street Address: Registration Se	ection			
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	and assigned	
florida document number 1.24000234952		
his amendment is submitted to amend the following:		20
. If amending name, enter the new name of the limited	l liability company here:	ا به باستوانی است. از از از ایسان ایسان از
NA		7777 877 21
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C"; i
nter new principal offices address, if applicable:	NA	
Principal office address MUST BE A STREET ADDRES	NA NA	· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	NA NA	
		<u> </u>
3. If amending the registered agent and/or registered of gent and/or the new registered office address here: Name of New Registered Agent: NA	fice address on our records,	enter the name of the new regist
New Povietared Office Address NA		
New Registered Office Address:	Enter Florida street	address
NA		_, Florida ^{NA}
	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
MNG	Maytana D Ribeiro de Souza	110 COBBLE STONE RD	≣ Add
		BARNSTABLE, MA 02630	□ Remove
			□ Change
NA	NA NA	NA	
		NA	□ Remove
	NA	□Change	
NA	NA NA	NA	□Add
	NA		
	NA	□ Change	
NA	NA NA	NA	□Add
	NA	□Remove	
	NA	5 20	
NA NA	NA	NA	
	NA	□Remove	
	NA	_	
NA NA	NA		
	NA	-	
		NA	□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NA E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated July 15 Sign sure of a member or authorized representative of a member DIEGO PEREZ CATINI

Typed or printed name of signee