## 103000039159

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(Cit	ty/State/Zip/Phon	e #)
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## **COVER LETTER**

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	GRUPO FE	RNANDEZ SERVICES, LLC		
SUBJECT	Γ:	Name of Lim	ited Liability Company	· ·
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
			Name of Person	
		FLORIDA CORPORATE	SERVICES, LLC	
			Firm/Company	
		3006 AVIATION AVENU	IE, SUITE 2A	
		<del> </del>	Address	
		COCONUT GROVE, FL 3	33133	
		-	City/State and Zip Code	
		APENA@SORDOLAW.CO		
		,	to be used for future annual report notifi	ication)
For further	r information co	oncerning this matter, please ca	all:	
ALEXAN	IDER PENA, E		305 859-8107 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed in	s a check for th	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRUPO FERNANDEZ SERVICE	,	
( <u>Name of the Lim</u>	ited Liability Company as it now appears on or (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited L Florida document number L03000039159	• • •	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	AS TO
(Principal office address MUST BE A STREE	ET ADDRESS)	SE SE
		エピーで 25. <del></del>
Enter new mailing address, if applicable:		FIG. P. IT.
(Mailing address MAY BE A POST OFFICE	<u></u>	0 PA 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B. If amending the registered agent and registered agent and/or the new registered of		records, enter the name of the new
Name of New Registered Agent:	FLORIDA CORPORATE SERVICES,	LLC
New Registered Office Address:	3006 AVIATION AVENUE, SUITE 2A	
	Enter Florida stre	et address
	COCONUT GROVE	, 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 Changing Registered Agent, Signature of New Registered Agent

If araending 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
			□ Add
-			☐ Remove
•			
			Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
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). If ame	ending any other information, enter change(s) here: (Auach additional sheets, if necessary.)	
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docum the re	ive date, if other than the date of filing:  [certive 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 60 list of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list cent's effective date on the Department of State's records.  cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	
Dated	September 8th 2016	16 SEF
	Signature of a member or dishorized representative of a member  The Control of Signer South Street South Signer South Sign	
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Filing Fee: \$25.00