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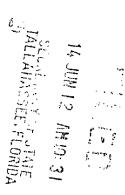
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COVER LETTER

TO:

Registration Section Division of Corporations

Amicorp U.S. Director Services LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zully Viera
Name of Person
Amicorp Services Ltd.
Firm/Company
1001 Brickell Bay Drive # 2306
Address
Miami, FL 33131
City/State and Zip Code
z.viera@amicorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zul	ly	Viera
	'' <i>J</i>	VIOIG

_{at} 305, 416-4730

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

□ \$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

Amicorp U.S. Director Services			
(<u>Name of the Limited Liat</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)		
he Articles of Organization for this Limited Liability lorida document number L05000117009	Company were filed on 12/05/2005	and assig	gned
his amendment is submitted to amend the following:			
If amending name, enter the new name of the li	mited liability company here:		
he new name must be distinguishable and end with the words "	Limited Liability Company," the designation "LLC" or the	abbreviation "L."	L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re	gistered office address on our records, <u>ente</u>	r the name o	f the n
egistered agent and/or the new registered office a	ddress here:	. 1 _m	
Name of New Registered Agent:	•	TAL TA	
New Registered Office Address:		NIII.	4 m ² 10 m ²
Tow Registered Office Address.	Enter Florida street address	285	, 4- 41 1
_	, Florida	□ Zip Code	· · · · · · · · · · · · · · · · · · ·
ew Registered Agent's Signature, if changing Registe	•		T. J. C. WAR
haraby account the appointment or registered was	nt and garage to get in this cangeity. I further a	Orn —	'n with t

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	Julio C Rodriguez	1001 Brickell Bay Drive, Suite 2306 ■ Add
		Miami, FL 33131
MGR	Tomas Alonso	1001 Brickell Bay Drive, Suite 2306 ☐ Add
		Miami, FL 33131 ■ Remove
MGR	Gonzalo Rosendo	1001 Brickell Bay Drive, Suite 2306 ■ Add
		Miami, FL 33131
		Remove 20 Add 10 Remove 10 Remove
		Add

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Tomas Alonso	Dated	Department of State) . 2014 . Tour de Claudo

Page 3 of 3

Filing Fee: \$25.00

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