L09000113881

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000179631 3)))

H130001796313ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GUZMAN & GUZMAN, P.A.
Account Number : I20080000090
Phone : (305)670-1991
Fax Number : (305)670-1993

FILED
2013 AUG 13 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address:

RECEIVED
13 AUG 13 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KOMBI 3, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

Electronic Filing Menu Corporate Filing Menu Help

AUG 14 2013
J. BRYAN

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KOMBI 3, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2013 AUG 13 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned Florida document number L09000113881.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

_____

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

_____
_____
_____

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	CHIZZOLI, ALVARO A	9130 S DADELAND BLVD SUITE 1509 MIAMI, FL 33156	☐ Add ☑ Remove
MGR	PG CONSULTING LLC	19304 SENECA AVE WESTON, FLORIDA, 33332	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

FILED
2013 AUG 13 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Dated AUGUST 9, 2013

Signature of a member or authorized representative of a member

CHIZZOLI, ALVARO A

Typed or printed name of signee

FILED
2013 AUG 13 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA