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.

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

_		28 <b>*</b>
To:	Birtida Communitions	in Sep
	Division of Corporations	ह्युं ला चि
	Fax Number : (850)617-6383	$\omega$
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Fram:		
	Account Name : AGI REGISTERED AGENTS, INC.	
	Account Number : I20000000205	55 5
	Phone : (305)416-6800	957 Y
		27E: W
	Fax Number : (305)416-6811	5 5 B

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

E 27	Address:			
rmati	DULLING C			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANCAMAR INVESTMENTS L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 01 2014

S. YOUNG

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ADAMS GALLINAR PA

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## **COVER LETTER**

TO: Registration Section

Division of Corporations

Ancamar Investments L.L.C.

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:

	Diane M. He	ernandez			
		Name of Person	<del></del>		
	Adams Galli	nar, P.A.			
		Firm/Company			
	1000 Bricke	II Avenue		7	
		Address		3	
	Miami, Flori	da 33131		SEP 3	-
	_	City/State and Zip Code		ે છે	;
	dhernandez@ag				•
	E-mail address: (	to be used for future annual report noti-	fication)	5	
For further information of	oncerning this matter, please co	all:		39 39	
Diane M. H	ernandez	<sub>at</sub> 305, 416-6	800	Œ	
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	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 Stat Certified Copy (additional copy is end		

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	STMENTS, L.L.C.  any as It now appears on our records.)  (Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L10000108281	y were filed on 10/15/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lie	ability Company," the designation "LLC"	or the abbreviation #1s L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		55 9 T
		30 E
		그 길을 그 당시
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he  Name of New Registered Agent:  New Registered Office Address:		enter the name of the new
Hew Acquisited Office Address.	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent	City	Ztp Code
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and i	I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

MGR = Manager

3054166811

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member Type of Action Title Name Address 881 Ocean Drive Ana L. Holguin Zambrano **MGRM** Apt. 26E Remove Key Biscayne, FL 33149 881 Ocean Drive **MGRM** Carlos G. Holguin Zambrano \_□ Add Apt. 26E Key Biscayne, FL 33149 □ Add ☐ Remove <u>;</u> ☐ Remiove  $\frac{\omega}{\omega}$ □ Add ☐ Remove ☐ Remove

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ADAMS GALLINAR PA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, i)	f neccssary.)
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 the date this document is filed by the Florida Department of State)	(o <b>ptional)</b> days after
Dated September 30 2014	
Reland	
Signature of a member or authorized representative of a member	
Robert R. Adams, Esq., Authorized Representation	ative
Typed or printed name of signee	

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Filing Fee: \$25.00