L13000124449

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.

(((H13000272511 3)))

H13000272511 3ABCW

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 : ACCOUNTING REVENUE SERVICE, INC.
Account Number : I20110000041
Phone : (305)887-8730
Fax Number : (305)887-8744

13 DEC 12 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ESTRAMA ENTERPRISES, LLC

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

C. LEWIS
DEC 13 2013
EXAMINER

RECEIVED
13 DEC 12 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H13000272511 3)))

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ESTRAMA ENTERPRISES, 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:

RAFAEL GARCIA
Name of Person

ESTRAMA ENTERPRISES, LLC.
Firm/Company

5580 W 16TH AVE STE 203
Address

HIALEAH, FL 33012
City/State and Zip Code

info@raftax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL GARCIA at (305) 710-0201
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

(((H13000272511 3)))

APPROVED
AND
FILED

13 DEC 12 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H13000272511 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESTRAMA ENTERPRISES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/24/2013 and assigned Florida document number L13000012449.

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)

8472 NW 72 ST
MIAMI FL 33166

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5580 W 16 AVE SUITE 203
HIALEAH FL 33012

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: RAFAEL ACCOUNTING TAX SERVICES INC

New Registered Office Address: 5580 W 16 AVE SUITE 203
Enter Florida street address

HIALEAH, **Florida** 33012
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

(((H13000272511 3)))

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	GEORGE FALCONI	2384 W 80 ST SUITE 8 HIALEAH FL 33016	☑ Add ☐ Remove
MGR	GIOVANNY FESTRADA ALVIA	201 S. BISCAYNE BLVD STE 905 MIAMI, FL 33131	☐ Add ☑ Remove
MGR	PAMELA A MANOBALVAS HEREDIA	201 S. BISCAYNE BLVD STE 905 MIAMI, FL 33131	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

(((H13000272511 3)))

[redacted]

APPROVED
AND
FILED

13 DEC 12 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated DECEMBER 09 2013

Signature of a member or authorized representative of a member

GIOVANNY FESTRADA ALVIA

Typed or printed name of signee