

**L13000012449**

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.**

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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.**

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

(((H130002725113)))

**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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

13 DEC 12 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 "LLC."

Enter new principal offices address, if applicable:

8472 NW 72 ST

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33166

Enter new mailing address, if applicable:

5580 W 16 AVE SUITE 203

(Mailing address MAY BE A POST OFFICE BOX)

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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

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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

| <u>Title</u> | <u>Name</u>                  | <u>Address</u>               | <u>Type of Action</u>                      |
|--------------|------------------------------|------------------------------|--------------------------------------------|
| MGR          | GEORGE FALCONI               | 2384 W 80 ST SUITE 8         | <input checked="" type="checkbox"/> Add    |
|              |                              | HIALEAH, FL 33016            | <input type="checkbox"/> Remove            |
| MGR          | GIOVANNY FÉSTRADA ALVIA      | 201 S. BISCAYNE BLVD STE 805 | <input type="checkbox"/> Add               |
|              |                              | MIAMI, FL 33131              | <input checked="" type="checkbox"/> Remove |
| MGR          | PAMELA A MANO BALVAS HEREDIA | 201 S. BISCAYNE BLVD STE 805 | <input type="checkbox"/> Add               |
|              |                              | MIAMI, FL 33131              | <input checked="" type="checkbox"/> Remove |
|              |                              |                              | <input type="checkbox"/> Add               |
|              |                              |                              | <input type="checkbox"/> Remove            |
|              |                              |                              | <input type="checkbox"/> Add               |
|              |                              |                              | <input type="checkbox"/> Remove            |
|              |                              |                              | <input type="checkbox"/> Add               |
|              |                              |                              | <input type="checkbox"/> Remove            |

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

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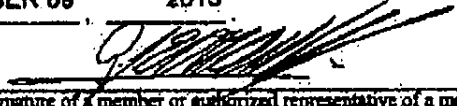
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Dated DECEMBER 09 2013

  
Signature of a member or authorized representative of a member

**GIOVANNY FESTRADA ALVIA**

Typed or printed name of signer

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