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SECRETARY OF STATE
TALLANIASSEE, FLORIDA

COVER LETTER

TO: Registration Se Division of Cor					
OFFICE A	ND FIELD , LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	DALOUSE CESARD				
		Name of Person	· -	1	
	OFFICE AND FIELD, LL	С		16 SECI	
		Firm/Company			-
	9737 NW 41ST STREET,	#142		17 AST C	
		Address			
	DORAL, FL 33178			PN 1: 49 ESTATE FLORIDA	
		City/State and Zip Code	.=	≫''	
	BELLA@OFFICEANDFIE				
	E-mail address: (to be used for future annual report notif	ication)		
For further information of	oncerning this matter, please c	all:			
DALOUSE CESARD		305 924-4519 at ()			
Name o	f Person		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 Certificate of Certified Co (additional cop	of Status &	

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

OFFICE AND FIELD, LLC						
(<u>Name of the Limit</u>	ted Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)			
The Articles of Organization for this Limited Liability Company were filed on 04/15/2013				and assigned		
Florida document number L13000045400						
This amendment is submitted to amend the following	owing:					
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:				
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation	n "LLC" or the abbre	`	C."	
Enter new principal offices address, if applic	able:	9737 NW 41ST STREE	T, #142	6		
Principal office address MUST BE A STREE	ET ADDRESS)	DORAL, FL 33178			П	
			<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9737 NW 41ST STREE	T, #142	0f ST		
		DORAL, FL 33178		5		
3. If amending the registered agent and registered agent and/or the new registered or			ecords, enter th	e name of	f the	
Name of New Registered Agent:	ALEJANDRO D. GRAVIER					
New Registered Office Address:	396 ALHAMBRA CIRCLE, S-900					
	Enter Florida street address					
	CORAL GABI	 	, Florida	<u> </u>		
		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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MARCOS CHAVEZ	10142 COSTA DEL SOL	
		DORAL, FL 33178	■ Remove
		3300 NE 191 ST, UNIT #1717	☐ Change
MGRM	DALOUSE CESARD	AVENTURA, FL 33180	■ Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			∑ Confinge
			FILE REPART 6
			Remove
			□ Remove
			☐ Change
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			Remove
			☐ Change

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ective date, if other than the date of filin	og:		(opt	ional)		
effective date is listed, the date must be specific an e: If the date inserted in this block does not	meet the applicab	date of filing or molestatutory filing	ore than 90 days and g requirements, th	r ning.) Pursuar is date will not	be liste	.0207 ed as
ument's effective date on the Department of	State's records.					
record specifies a delayed effective ne 90th day after the record is filed		an effective t	ime, at 12:01	a.m. on the	earlie	er of
ed May 2nd Dalas All	,2016	·•				
u						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00