

L14000013704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

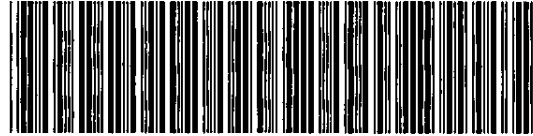
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900263257399

08/15/14--01032--013 \*\*25.00

FILED  
2014 AUG 15 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gilpin AUG 18 2014



Miami, August 11, 2014

CODE: 2385

Divison of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Temescal Hallandale LLC – L14000013704  
ARTICLES OF AMENDMENT TO ARTICLES ORGANIZATION**

Dear Sir or Madam:

Please find attached the following documents regarding the above mentioned:

- 1) Cover Letter & Articles of Amendment to Articles of Organization dully signed
- 2) Check number #1188 from First United Bank in the amount of \$25.00 as payment fee

Please feel free to contact me for any additional information.

Thank you very much for your special attention to this request.

Very truly yours,

Intercorp Internacional Group  
Carolina Ribeiro

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TEMESCAL HALLANDALE 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:

**CAROLINA RIBEIRO**

Name of Person

**INTERCORP INTERNATIONAL LLC**

Firm/Company

**801 BRICKELL AVE., STE. 926**

Address

**MIAMI, FL 33131**

City/State and Zip Code

**carolina@intercorpgroup.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**CAROLINA RIBEIRO**

Name of Person

at **(305) 789-6694**

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2014 AUG 15 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TEMESCAL HALLANDALE 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 JANUARY 24, 2014 and assigned Florida document number L14000013704.

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 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 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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TEMESCAL FINANCIAL INVESTMENTS LTD	JASMINE COURT 35-1 REGENT STREET. PO BOX 1777, BELIZE	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	LEONARDO DE SAMPAIO LACERDA	150 SE 2ND AVE., STE. 808, MIAMI, FL 33131	<input checked="" type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

---

---

---

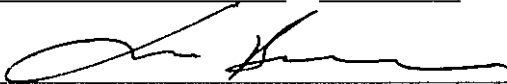
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

**LEONARDO SAMPAIO DE LACERDA**

Typed or printed name of signee

FILED  
2014 AUG 15 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA