

L14 0000 70828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

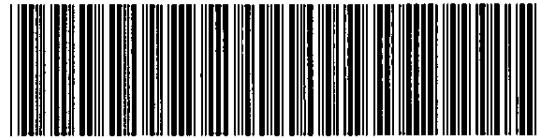
(Business Entity Name)

(Document Number)

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

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05/08/15--01001--006 \*\*25.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CONSULAR AFFAIRS  
15 MAY -7 PM 4:03  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING  
FILED  
15 MAY -7 AM 11:06  
SECRETARY OF STATE  
EMILY A. HASSSET, F. LONDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ACASTAR MIAMI, LLC

Signature \_\_\_\_\_

Requested by: SETH

05/06/15

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ACASTAR MIAMI, 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 05/01/2014 and assigned Florida document number L14000070868.

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)**

2450 NE MIAMI GARDENS DR. 2ND FLOOR  
MIAMI, FL 33180

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

2450 NE MIAMI GARDENS DR. 2ND FLOOR  
MIAMI, FL 33180

**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: LOUIS A. SUPRASKI, ESQ.

New Registered Office Address: 2450 NE MIAMI GARDENS DR. 2ND FLOOR  
Enter Florida street address

MIAMI, Florida 33180  
City Zip Code

SECRETARY OF STATE  
ALLIANCE OF FLORIDA  
15 MAY - 7 AM 11:00  
33180

**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.*

*[Signature]*  
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         | COMPANIA ACASTAR, S.A. | 4779 COLLINS AVE, UNIT3801   | <input type="checkbox"/> Add               |
|              |                        | MIAMI BEACH, FL 33140        | <input checked="" type="checkbox"/> Remove |
| MGR          | JORGE SAVLOFF          | 1111 KANE CONCOURSE          | <input checked="" type="checkbox"/> Add    |
|              |                        | SUITE-217                    | <input type="checkbox"/> Remove            |
|              |                        | BAY HARBOR ISLANDS, FL 33154 |  |
| MGR          | MARCELO TENENBAUM      | 1111 KANE CONCOURSE          | <input checked="" type="checkbox"/> Add    |
|              |                        | SUITE-217                    | <input type="checkbox"/> Remove            |
|              |                        | BAY HARBOR ISLANDS, FL 33154 |  |
|              |                        |                              | <input type="checkbox"/> Add               |
|              |                        |                              | <input type="checkbox"/> Remove            |
|              |                        |                              | <input type="checkbox"/> Add               |
|              |                        |                              | <input type="checkbox"/> Remove            |
|              |                        |                              | <input type="checkbox"/> Add               |
|              |                        |                              | <input type="checkbox"/> Remove            |

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 MAY 7 AM 11:05  
 11570

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

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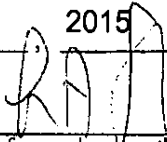
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 MAY 06 2015



Signature of a member or authorized representative of a member

LOUIS A. SUPRASKI, ESQ.

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

11:20  
15 MAY - 7 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA