

L14000104556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

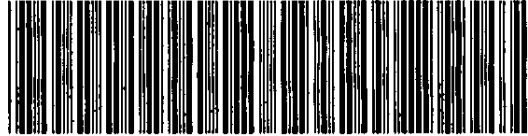
(Business Entity Name)

(Document Number)

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

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2016 JUN 15 P 4:29  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

JUN 17 2016  
L. BRUCE

**NELSON SLOSBERGAS, P.A.**

1110 BRICKELL AVENUE  
SUITE 310

MIAMI, FLORIDA 33131

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**NELSON SLOSBERGAS**  
ATTORNEY AND CIVIL LAW NOTARY

(305) 374-0030  
FAX (305) 374-2855

June 13, 2016

Secretary of State  
Registration Section/Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**RE: ELUS PROPERTIES LLC**

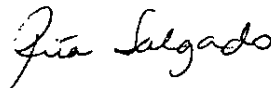
Dear Sir or Madam:

Please find attached the Articles of Amendment to Articles of Organization of ELUS PROPERTIES LLC, and check for the filing fee in the amount of \$25.00.

Kindly return the letter of acknowledgment in the attached *federal express envelope*, once the amendment has been filed.

Thank you for your attention to this matter.

Very truly yours,



Rita Salgado  
Corporate Legal Secretary  
[Direct E-Mail: [rita@miami-intl-law.com](mailto:rita@miami-intl-law.com)]

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosures (as noted)

**VIA FEDEX**

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

ELUS PROPERTIES 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 JUNE 27, 2014 and assigned Florida document number L14000104556.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1110 BRICKELL AVE. - SUITE 310  
*(Principal office address MUST BE A STREET ADDRESS)* MIAMI, FL 33131

Enter new mailing address, if applicable: 1110 BRICKELL AVE. SUITE 310  
*(Mailing address MAY BE A POST OFFICE BOX)* MIAMI, FL 33131

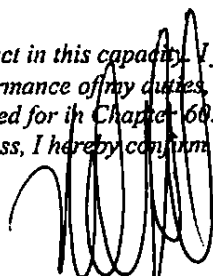
**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: NS CORPORATE SERVICES INC.  
New Registered Office Address: 1110 BRICKELL AVE. - SUITE 310  
Enter Florida street address  
MIAMI, Florida 33131  
City Zip Code

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**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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ELUS INTERNATIONAL LTD.</u>	<u>TRIDENT CHAMBERS WICKHAMS CAY 1</u>	<input type="checkbox"/> Add
		<u>ROAD TOWN - TORTOLA</u>	<input checked="" type="checkbox"/> Remove
		<u>BRITISH VIRGIN ISLANDS</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>JULIO CESAR GOMES DA SILVA</u>	<u>1110 BRICKELL AVE. - SUITE 310</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI - FL 33131</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>JULIO CESAR GOMES DA SILVA FILHO -</u>	<u>1110 BRICKELL AVE.-SUITE 310</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI - FL 33131</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
		<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
		<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

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 TALLAHASSEE

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

Multiple horizontal lines for amending information.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated June 1, 2016

  
Signature of a member or authorized representative of a member

JULIO CESAR GOMES DA SILVA  
Typed or printed name of signee

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2016 JUN 15 P 4: 29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA