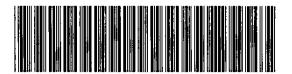
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(Re	equestor's Name)	
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EXAMINER . EEB - 6 2015

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	11 // 0	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:	
	Hiran	n Garcia	
		Name of Person	
		Firm/Company	
	14/0 20	7th St 421	//
	Mami Beach	Address 33/39	
	Airam (City/State and Zip Code	
For further information of	E-mail address: (to ge used for future/annual report notif	ication)
Name (of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	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 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

,	10	4" Nag.
ARTICLI	ES OF ORGANIZATION	FILE TO
,	OF	2015 - ED
Pubbelly (Name of the Limited Lia)	Cruise CC	2015 JAN 28 PM 3: 3 Ords.) MELAHASSEE FLORIDA
(A Flo	rida Limited Liability Company)	TO HASSEE FINATE
The Articles of Organization for this Limited Liability	. ,	and assigned
Florida document number <u>L/5000007850</u>		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited 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 AD	DRESS)	,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	,	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		rds, enter the name of the new
•		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street add	ress
		Florida

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

Authorized Member being added or removed from our records: FILED MGR = Manager AMBR = Authorized Member 2015 JAH 28 PM 3: Type of Action Title Name **Address** Schreiner Corp Navamo iram barcia □ Add ☐ Remove □ Add ☐ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

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•		

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· · · · · · · · · · · · · · · · · · ·	* ***	
fective date, if other than the effective date must be specific, can be done this document is filed by the	ne date of filing: In the date of filing: Florida Deputting (Kuta)	(optional) nore than 90 days after
date this document is filed by the	Florida Department of State)	(optional) nore than 90 days after
fective date, if other than the effective date must be specific, care date this document is filed by the steed	Florida Department of State)	(optional) nore than 90 days after

Page 3 of 3

Filing Fee: \$25.00

