

To: 850-617-6383

From: moses nae

Pg 1/ 4 06/29/15 6:08 pm

Division of Corporations

<https://efile.sosbiz.org/scripts/efilecovr.cfm>

**L1500018533**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000160053.3))



H15000160053.3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : TAXLEAF.COM INC.  
Account Number : 12014000094  
Phone : (305) 541-3980  
Fax Number : (305) 541-7033

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RESULTADO MIAMI LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

15 JUN 30 AM 7:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN 30 AM 9:46

FILED

JUL 01 2015

S. YOUNG

H15000160053 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESULTADO 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 1/30/15 and assigned Florida document number L16000018533

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: 150 SE 2ND AVE STE 703 MIAMI, FL 33131

Enter new mailing address, if applicable: 150 SE 2ND AVE STE 703 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:

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

FILED 15 JUN 30 AM 9:01 PROCTER, RICHARD TALLAM, SECRETARY

H15000160053 3

H15000160053 3

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

Title	Name	Address	Type of Action
AMBR	FIGUEIREDO, CARLOS H	3111 N UNIVERSITY DR STE 105	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
AMBR	FIGUEIREDO, CARLOS H	150 SE 2ND AVE STE 703	<input checked="" type="checkbox"/> Add
		MIAMI FL 33131	<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

15 JUN 30 AM 9:46  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FL 32304

**H15000160053 3**

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 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 JUNE 26TH, 2015

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
**CARLOS H FIGUEIREDO**  
 \_\_\_\_\_  
 Typed or printed name of signer

**FILED**  
**15 JUN 30 AM 9 44**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**H15000160053 3**