

Division of Corporations

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L16000057983

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000076736 3)))



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

From: Account Name : VARGAS, PIEDRA & CO.
Account Number : 120070000148
Phone : (305) 671-0003
Fax Number : (305) 671-6263

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16 MAR 28 AM 8:17
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TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MASICO GROUP, LLC**

Certificate of Status	0
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J. HARRIS
MAR 29 2016

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASICO GROUP, 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 march 22, 16 and assigned Florida document number L16000057983

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

(Principal office address **MUST BE A STREET ADDRESS**)

9100 SOUTH DADELAND BLVD.

STE 912

MIAMI, FLORIDA 33156

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

9100 SOUTH DADELAND BLVD

STE 912

MIAMI, FLORIDA 33156

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TALLAHASSEE, FLORIDA

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:

N/A

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 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>
MGRM	COHEN, SIMON	20900 NE 30TH AVE STE 200	☐ Add
		AVENTURA, FL 33180	☒ Remove
			☐ Change
MGRM	TAUREL DE COHEN, MIRIAM	20900 NE 30TH AVE STE 200	☐ Add
		AVENTURA, FL 33180	☒ Remove
			☐ Change
MGRM	COHEN, SIMON	9100 S. DADELAND BLVD.	☒ Add
		STE 912	☐ Remove
		MIAMI, FL 33156	☐ Change
MGRM	TAUREL DE COHEN, MIRIAM	9100 S. DADELAND BLVD.	☒ Add
		STE 912	☐ Remove
		MIAMI, FL 33156	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
6 MAR 28 04M 00
17

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

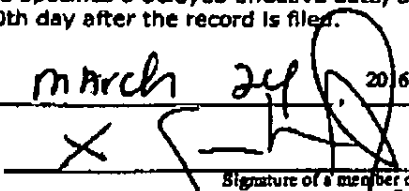
N/A

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 March 24, 2016
Signature of a member or authorized representative of a member

SIMON COHEN/MANAGER MEMBER

Typed or printed name of signer

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