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(Red	questor's Name)	
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☐ PICK-UP	WAIT	MAIL MAIL
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D. BRUCE FEB 03 2017

### **COVER LETTER**

TO: Registration : Division of Co		<b>9</b> 1			
	UFAZ, LLC				
SUBJECT:	Name of Lir	nited Liability Company	<del> </del>		
	of Amendment and fec(s) are sub condence concerning this matter	-			
	CARLOS GIL				
		Name of Person			
		Firm/Company		·	
	3910 WEST FLAGLER S	TREET			
	**************************************	Address	And the state of t		
	MIAMI FLORIDA 33134				
	CARLOS@CARLOSAGII				
	E-mail address:	to be used for future annual report notifi	cation)		
For further information	concerning this matter, please e	all:			
CARLOS GIL		305 443-2525			
Name	of Person	at () Area Code Daytime	Telephone Number	2817 7ÅLL/	
Enclosed is a check for	the following amount:			三年 周	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of \$latus &	

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

#### TO **ARTICLES OF ORGANIZATION OF**

#### CONSTRUFAZ, LLC

(Name of the Limited Liability (A Florida L	y Company as Limited Liabili	it now appe ty Company	ars on our r	ecords.)		
The Articles of Organization for this Limited Liability Cor Florida document number	ompany were 	filed on _	1/19/2017		and assig	ned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	ted liability o	company l	<u>nere</u> :			
The new name must be distinguishable and contain the words "Limite	ted Liability Co	ompany," the	designation	"LLC" or the a	abbreviation "L.L.	(`.''
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRE	<u>ESS)</u>				· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_			<del></del>		
B. If amending the registered agent and/or registeregistered agent and/or the new registered office address		address o	n our rec	ords, <u>enter</u>	the name of	the n
					WTTV 250	2017
Name of New Registered Agent:					<u> </u>	₹
New Registered Office Address:		Enter Ele	vida street a	dilien	1 1200 1000	· ·
			muu sireet a	Florida	;; q	Į.
New Registered Agent's Signature, if changing Registered A		City .			Zip Code ?	٧.
hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and consequent the obligations of any provision as registered agent.	mplete perfe	rmance o	f my duite	s, and Lam	familiar with a	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

## or removed from our records:

MGR = Manager

	٠,	•
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add `
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
		v.(2)	Add
			Remove
			☐ Change
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8223 SW-163 COURT, MIAMI, FLORIDA 33193		
PLEASE REMOVE THE "EAST COLONIAL DRIVE" PHR	RASE FROM THE REGISTERED AGENT ADD	RES:
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	[ <sub>2</sub> ]	,   
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		(22)
tive date, if other than the date of filing:	(optional)	
He date, it other than the date of thing:  Tective date is listed, the date must be specific and cannot be prior to da  If the date inserted in this block does not meet the applicable	ate of filing or more than 90 days after filing.) Pursuant t estatutory filing requirements, this date will not be	o 605.0 e listeo
ment's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an	n effective time, at 12:01 a.m. on the e	arlie
e 90th day after the record is filed.	,	
JANUARY 31 2017		
Signature of a member or authorized	d control entatuia of a mountar	_
Manage of a memor of authorized	a representative of a member	

Page 3 of 3

Filing Fee: \$25.00