117000145766

(Red	questor's Name)	
(Ado	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600301754796

07/27/17--01018--020 **60.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. PRIJCE AUG 01 2017

COVER LETTER

	egistration Sect vision of Corpo			
eun wet		GROUP, LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retui	n all correspond	dence concerning this matter	to the following:	
		FRANK R. SARIOL		
			Name of Person	
		THE SARIOL GROUP, LI	LC	
			Firm/Company	<u> </u>
		8200 NW 41ST STREET.	SUITE 315	
			Address	
		DORAL, FLORIDA, 3316	6	
			City/State and Zip Code	;-
		FSARIOL@ME.COM		SE .
For further	information con	E-mail address; (t acerning this matter, please ca	o be used for future annual report notificat	CRETAR
OSCAR G	BETANCOUF	кт	786 636-8649 at ()	SEE.
Enclosed is	Name of F	Person following amount:		dephone Number CSTATE
□ \$25.00		S30.00 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 OF

Company as it now appears on our records.) mited Liability Company)	
pany were filed on 07/07/2017	and assigned
d liability company here:	
Liability Company," the designation "LLC" of	the abbreviation "L.L.C."
<u></u>	
	ARR HE CONTROL OF THE NAME OF
Enter Florida stroot address	
Zoros Corma de Los Matireso	
, Florid	la
	Company as it now appears on our records.) mited Liability Company) inpany were filed on O7/07/2017 d liability company here: I Liability Company." the designation "LLC" or SS) SS) Enter Florida street address Enter Florida street address Florida.

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>	Address	Type of Action
MGR	IVONNE MARVAEZ	8200 NW 41ST STREET	
		SUITE 315	= Remove
		DORAL, FLORIDA 33166	☐ Change
MGR	IVONNE MARVEZ	8200 NW 41ST STREET	⊒ Add
	-	SUITE 315	□ Remove
		DORAL, FLORIDA 33166	☐ Change
			□ Add
			Remove
			☐ Change
			AS
			AHASE SEE
			Change Change
		 	Remove
			Change
			Add
			Remove ☐ Change

	· · · · · · · · · · · · · · · · · · ·		
	-		
			
			
			7 .
			SECP
			HAS
			[; ; ;]
			<u> </u>
T100 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			ے در
Effective date, if other than the d If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	se specific and cannot be prior ik does not meet the applic	able statutory filing requ	
he record specifies a delayed The 90th day after the recor	effective date, but no d is filed.	ot an effective time,	at 12:01 a.m. on the ear
Dated	<u>2017</u>	·	
	amon of lar	re Z	

Page 3 of 3

Filing Fee: \$25.00