

M16000256734
 Florida Department of State
 Division of Corporations
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 TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 FEDE09 LLC

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 2016 OCT 17 A 11:42
 TALLAHASSEE, FLORIDA

Certificate of Status	0
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D. BRUCE
 OCT 18 2016

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: FEDE09 LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000002234

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: UPON QUALIFICATION

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LL.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LL.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

THE CHANGE IS FOR THE MGR'S NAME: ERNESTO NAIMAN

Title/Capacity	Name	Address	Type of Action
<u>MGR</u>	<u>ERNESTO LEMBERGER</u>	<u>999 PONCE DE LEON BLVD PH: 1135</u>	<input type="checkbox"/> Add
		<u>CORAL GABLES, FL 33134</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>ERNESTO NAIMAN</u>	<u>999 PONCE DE LEON BLVD PH: 1135</u>	<input checked="" type="checkbox"/> Add
		<u>CORAL GABLES, FL 33134</u>	<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

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

ERNESTO NAIMAN

Typed or printed name of signee

SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA

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