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EXAMINER

COVER LETTER

, , , , , , , , , , , , , , , , , , ,	Division of Co						
SUBJI	rct•	SERVIC	CIOS AFW, LLC				
SUBJI			Name of Limited Liability Company				
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please	return all corresp	ondence concerning this matte	r to the following:				
ROARK R. MONAHAN							
			Name of Person				
MONAHAN MIJARES CPA, PA							
			Firm/Company				
2519 G			9 GALIANO ST, STE 703	2011 TAI			
			Address				
	CORAL GABLES, FL 33134				-		
		2010 HAR -8 PM E: 39 SECRETARY OF STATE TALL AHASSEE, FLORID	1				
		RONALD.MONAHAN@MMA.COM.VE E-mail address: (to be used for future annual report notification)					
For fur	ther information	concerning this matter, please	•	ATE ARIDA			
	EDW/	ARD MONAHAN	at (305) 40	71438			
Name of Person		of Person	Area Code & Daytime To	elephone Number			
Enclos	ed is a check for	the following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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		ration Section on of Corporations Box 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SERVICIO	S AFW, LLC			
(Name of the Limite	d Liability Com A Florida Limite	pany as it now appead Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I				ned ·	
Florida document number L0800010	<u>)2104 </u>				
This amendment is submitted to amend the following	llowing:				
A. If amending name, enter the new name	of the limited li	ability company he	<u>re</u> :		
		/A			
The new name must be distinguishable and end w "L.L.C."	rith the words "Li	mited Liability Comp	any," the designation	on "LLC" or the abl	oreviation
Enter new principal offices address, if appli	N/A		70 ≥		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		<u>. </u>		
				AHAR -	OF STATE OF
Enter new mailing address, if applicable:	N/A		RY OF	m	
(Mailing address MAY BE A POST OFFICE			ST PE		
				RIDA RIDA	
B. If amending the registered agent and registered agent and/or the new registered of			our records, ent	er the name of	the new
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		E	nter 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address Type of Action** <u>Name</u> **MGRM** Roark R. Monahan CPA 2519 Galiano Street, Ste 703 ✓ Add □ Remove Coral Gables, Fl. 33134 Servicios AFW SRL MGRM 2519 Galiano Street, Ste 703 Coral Gables, FL 33134 ∇ Remove Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) N/A February 04, 2010 Dated ROARK R. MONAHAN Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2
Filing Fee: \$25.00