Division of Corporations Electronic Filing Cover Sheet

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Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : G & A ACCOUNTING AND TAXES SERVICES,

Account Number : 120120006033 Phone: : (305)801-5394 Fax Number : (786)231-5720

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 10 APRIL L.L.C.

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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 APRIL L.L.C				
(Name of the Limited Li (A F)	ability Comps orida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 02/27/2013			_ and assigned	
Florida document number 112000038690				
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liat	ollity company here:		
N/A			State	ps:
The new name must be distinguishable and end with t "L.L.C."	he words "Lim	ited Liability Company," the designation "LLC	orathe abi	breviation
Enter new principal offices address, if applicab	le:	4420 NW 107TH AVENUE UNIT		20
(Principal office address MUST BE A STREET)	ADDRESS)	MIAMI, FL 33178	柳大	
				
			25	 93
Enter new mailing address, if applicable:		4420 NW 107TH AVENUE UNIT	205	©
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33178		
			·····	
B. If amending the registered agent and/or registered agent and/or the new registered offic			name of	the new
The state of the s	t addites nei	<u>v</u> .		
Name of New Registered Agent:	N/A			
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		
		Enter Florida street address	:	
		, Florida		
		City	Cip Coxle	
New Registered Agent's Signature, if changing Reg	istered 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

MGR = Manager

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:

MGRM = Managing Member Title Name Address Type of Action PEDRO IZAGUIRRE **4420 NW 107TH AVENUE MGRM** # 205 MIAMI, FL 33178 Remove CARRERA 2 CON CALLE MEMBER ALFREDO J IZAGUIRRE 8A-61 RES.LAS DELICIAS BARQUISIMETO VENEZUELA CARRERA 2 CON CALLE ALFREDO J IZAGUIRRE PRESIDENT 8A-61 RES.LAS DELICIAS BARQUISIMETO VENEZUELA 4420 NW 107TH AVENUE PEDRO IZAGUIRRE COO **4420 NW 107TH AVENUE** Remove Remove

D. If	nmending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
	0(12-110
Dated	Signaffice of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Ware Ware

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Filing Fee: \$25.00