## 2/1000030633

(Re	questor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

* *			** * * * * * *		
-TO: Registration Se Division of Cor					
SUBJECT:	Name of Limit	ed Liability Company			
•	Amendment and fee(s) are sub-				
Please return an correspo	ondence concerning this matter	to the following.			
	Caroli	Name of Person	<del></del>		
	Expe	Firm/Company	)	201	
	10540	D NW 29 Tel	<u> </u>	2013 ABS 12	-
	- Luc	City/State and Zip Code	3 (M)	AM III : 39	
	E-mail address: (t	o be used for future annual report notifica-	tion)	<b>65</b>	
For further information of	concerning this matter, please c	all:			
Carolina	Calorge of Person	at 2007 ) 5991 633 Area Code & Daytime T	elephone Number	·	
· Enclosed is a check for t			A 00 500 5		
\$25.00 Filing Fee	□\$30.00 Filing Fre & Certificate of Status	□\$55.00 Filing Fee &  Certified Copy  (additional copy is enclosed)	60.00 Filing Fee, Certificate of State Certified Copy (additional copy is		, )
	JNG ADDRESS:	STREET/COURIE	D ADDRESS.	_/	
IVIAII	ADVICABILITATION	3 I KEE I/COUKIEI	A ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on 3/14/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "ELC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	(5) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	10040 NO AGTEROCCE HIGHI I TE 33173
B. If amending the registered agent and/or registered office 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 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 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 = Ma	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Diana Diaz	10540 DW 29 Terr.	Add
		MICHUI 172 33177	Remove
			<del></del>
MERM	Rodrigo A.	10540 NW 29 Terr.	Add
	Soura-Pachelo	MIQUI 1 = 33172	Remove
		eq.	201
.——		32	Add T
			Remove
			## 11: 3 <b>8</b>
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			_
<del></del>			Add
			Remove
			Add
			Remove

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<u>8/2</u> , <u>2013</u> .
Churcing Calors
Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00