L0900001885

(Requestor's Name)				
(Ad	ldress)			
· (Ac	ldress)			
(Cir	ty/State/Zip/Phone	#)		
☐ PICK-UP	M WAIT	MAIL		
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	- 7			
(Bu	isiness Entity Name	e)		
(Do	ocument Number)			
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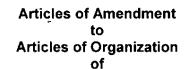
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T. ZECCE



FROM NOTHING TO SOMETHING, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>02/27/2009</u> and assigned Florida document number <u>L09000019885</u>

This amendment is submitted to amend the following:

Α.	If amending name,	enter the	new name of	of the limited	liability of	company	<u>here:</u>

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address <u>MUST BE A ST</u>	REET ADDRESS)	Suite 1045	
		Coral Gables, FL 33134	
Enter new mailing address, if ap	plicable:	2100 Ponce De Leon Bly	<u>d.</u>
(Mailing address MAY BE A POST OFFICE BOX)		Suite 1045	
		Coral Gables, FL 33134	
f amending the registered agent the name of the new registered a	gent and/or the	e new registered office a	dáréss he
Name of New Registered Agent:	Sandra Navar	ro-Garcia	25.55 5.25 5.25 5.25 5.25 5.25 5.25 5.2
New Registered Office Address:	7951 SW 40 th	Street, Suite 202	
	Miami, FL 33	4 E E	1.03

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 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

C. If amending the Managers of Authorized Member on our records, enter the title, name, address of each Manager or Authorized Member being added or removed from our records:

MGR= Manager
AMBR= Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action (Check One)
1) MGR	Coralee G. Penabad	235 Altara Avenue Coral Gables, FL 33146	☐ Add ⊠ Remove

<u>Tit</u>	tle [:] '	<u>Name</u>	Address	Type of Action (Check One)
2)	MGR	Michael Calderon	2100 Ponce De Leon Blvd. Suite 1045 Coral Gables, FL 33134	✓ Add☐ Remove
D.		any other information, enter al sheet, if necessary). (Be specific)	change(s) here:	
Ē.		e, if other than the date of file is listed, the date must be specific.		(optional) (if an 90 days after filing.)
Dated		14 2014		
Signa	.ure	Signature of a member or author	ized representative of a member	,
		Mic	hael Calderon	
		(Typed or printed	name of person signee)	

