L1200038690

| (Requestor's Name) | |
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| (Business Entity Name) | |
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| Certified Copies Certificates of Status _ | |
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| Special Instructions to Filing Officer: | · |
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FALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2016

ALFREDO JESUS IZAGUIRRE 10 APRIL, LLC 4420 NW 107TH AVENUE UNIT 205 MIAMI, FL 33178

SUBJECT: 10 APRIL L.L.C. Ref. Number: L12000038690

We have received your document for 10 APRIL L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a topy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

16 NOV -1 AM 8: U

Letter Number: 116A00023605

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COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|---|---|--|
| 10 APRIL | | | |
| SUBJECT: | | ited Liability Company | |
| | | • | |
| The enclosed Articles of | f Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | ALFREDO JESUS IZAGU | JÍRRE | |
| | | Name of Person | |
| | 10 APRIL, LLC | | |
| | | Firm/Company | |
| | 5309 SW 125 AVE | | |
| | | Address | |
| | MIAMI, FL 33122 | | |
| | | City/State and Zip Code | |
| | JENNIFERPLANCHART@ | - | |
| | E-mail address: (1 | to be used for future annual report notific | cation) |
| For further information | concerning this matter, please ca | all: | |
| LESTER BARRERAS | C.P.A., P.A. | 305 477-1988 | |
| Name | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose |
| Regis | LING ADDRESS: tration Section ion of Corporations | STREET/COURIE Registration Section Division of Corpora | 1 |
| P.O. I | Box 6327 nassee, FL 32314 | Clifton Building 2661 Executive Cen | |

т. Й.

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassoe, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| mpany as it now appears on our records.) ted Liability Company) any were filed on 03/16/2012 | and assigned |
|--|---|
| | and assigned |
| | and assigned |
| | |
| liability company here: | |
| iability Company," the designation "LLC" or the abbrevi | ation "L.L.C." |
| 8400 NW 33 ST | |
| STE 201 | |
| DORAL, FL 33122 | 13 |
| 8400 NW 33 ST | 16 NOV - 1 |
| | |
| here: | name of the ne |
| | |
| Enter Florida street address | |
| , Florida ³³⁰²⁷ | |
| City Z | ip Code |
| | STE 201 DORAL, FL 33122 8400 NW 33 ST STE 201 DORAL, FL 33122 d office address on our records, enter the here: JESUS IZAGUIRRE Enter Florida street address A , Florida 33027 |

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.

legistered Agent, Signature of New Registered Agent

| MGR = N AMBR = A | Anager Authorized Member | | | |
|---------------------|-----------------------------|--------------------|-------------------|--|
| <u>Title</u> | Name | | Address | Type of Action |
| MGRM | PEDRO IZAGUIRRE | | 4420 NW 107TH AVE | 🗖 Add |
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| e record specifies a delayed The 90th day after the reco | l effective date, but not an effective time, at 1 ord is filed. | 2:01 a.m. on the earlier of: |
| | | |
| oated OCTOBER 18 | 2016 | |
| October 18 | 2016 Signature of a member or authorized representative of a member | |

Page 3 of 3

Filing Fee: \$25.00