Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000230842 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number: I2000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

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 2620 CO., LLC

O	8.00 8.00	STATE
117	芸	سدا اندات اندات
三三	_	TARY
\circ		فستشدا
ندا ک	DCT	C.S.
	_	ा ब

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 18 2013 T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

H130000230842

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	CO., LLC				
(Name of the Limited Lightlity Com (A Florida Limite	(Name of the Limited Limbility Company as it now appears on our records.) (A Florida Limited Limbility Company)				
The Articles of Organization for this Limited Liability Compa	es of Organization for this Limited Liability Company were filed on0		and assigned		
Florida document number L01000004737					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company he	re:	77		
The new name must be distinguishable and end with the words "L".L.C."	onited Liability Compo	any," the designation "	LUC or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
			# \$ 98		
N.		•	製品 22		
Enter new mailing address, if applicable:	B4-14		*		
(Mailing address MAY BE A POST OFFICE BOX)					
	*				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter</u>	the name of the ne		
Name of New Registered Agent:		····			
New Registered Office Address:					
	E)	nter Florida street ac	ldress .		
		, Florida _			
•	City		Zip Code		

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

Page 1 of 3

MGR = Manager

H13000230342

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGRM = Managing Member Type of Action Title <u>Address</u> Name X Add MGR Elsa Bergolla 8115 West 31 Avenue Hialeah, FL 33018 2:3 Ç Remove Remove

Page 2 of 3

,	-	
Oct. 19	2013	

Page 3 of 3

Elsa Bergolla
Typed or printed name of signee

H13000230842