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SECRETARY OF STATE

D. BRUCE JUN 12 2017

COVER LETTER

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	ration Section on of Corporations
	ADIEMAR, LLC
SUBJECT:	Name of Limited Liability Company
	rticles of Amendment and fee(s) are submitted for filing.
riease return an	correspondence concerning this matter to the following: THAMARA PEREZ
	Name of Person
	TABADESA ASSOCIATES INC
	Firm/Company
	419 W 49 ST STE 111
	Address
	HIALEAH, FL 33012
	City/State and Zip Code TAMMYP@TABADESA.COM
	TAMMYP@TABADESA.COM E-mail address: (to be used for future annual report notification) Figure 2
For further info	rmation concerning this matter, please call:
THAMARA PE	ot /
	Name of Person Area Code Daytime Telephone Number
Enclosed is a ch	neck for the following amount:
■ \$25.00 Filin	rig Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RADIEMAR, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/30/2002	and assigned
Florida document number L02000019271	_•	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 2017 JUN -9 P 4: SECRETARY OF STATALLAHASSEE, FLOR
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		55 0
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	idress
	City	, Florida
	*****	-r

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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DIEGO CARLOS FREIRE	335 S BISCAYNE BLVD 1401	
		MIAMI, FL 33131	Remove
			Change
MGR	AMBERCANE, LLC	335 S. BISCAYNE BLVD	🗖 Add
		#1401	■ Remove
		MIAMI, FL 33131	☐ Change
			Add
		<u></u>	□ Remove
		SECRE TARY ALLAHASSEE	□ Change
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		PAIE PRIDA	☐ Change
			
			□ Remove
			☐ Change
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e record specifies a delayed effective date, but The 90th day after the record is filed.	t not a	n effectiv	/e time, a	: 12:01 a	a.m. or	the e	arlier
ated June 7 . 20	7/7						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00