Division of Corporations Electronic Filing Cover Sheet

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.

(((H16000067094 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

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

Phone

: (305)444-4994

Fax Number

: (305)444-4977

\*\*Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.\*\*

| Email | Address: |   |  |
|-------|----------|---|--|
|       |          |   |  |
|       | · · ·    | • |  |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BYRON PROPERTIES, L.L.C.

| Certificate of Stams | 0       |
|----------------------|---------|
| Certified Copy       | 0       |
| Page Count           | 04      |
| Estimated Charge     | \$25.00 |

MAR 1 7 2016

Electronic Filing Menu

Corporate Filing Menu

A SHIPPER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BIRON PROFERITES, L.L.C.   | ·  |                              |
|--|--|------------------------------|
| ( <u>Name of the Limited Liabi</u><br>(A Plorid  | ity Company as it now appears on our records<br>a Limited Liability Company) | J)                           |
| The Articles of Organization for this Limited Liability ( Florida document number L03000040019   | Company were filed on 10/20/2003   | and assigned                 |
| This amendment is submitted to amend the following:  |  |                              |
| A. If amending name, enter the new name of the lim   | nited liability company here:  |                              |
| The new name must be distinguishable and contain the words "Lin                                  | nited 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 ADD)  | <u>RESS)</u>   |                              |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)             |  | 55 on                        |
| B. If amending the registered agent and/or registered agent and/or the new registered office add |  | enter the name of the new    |
|  | <del></del>  |                              |
| Name of New Registered Agent:  | · · · · · · · · · · · · · · · · · · ·  |                              |
| New Registered Office Address:   | Enter Florida street address   |                              |
|  | Y.   | rída                         |
|  | City F10   | 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 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          | VICTOR NAVARRETE | 7717 BYRON AVE        |             | <b>=</b> Add   |
|              |                  | MIAMI BEACH, FL 33141 | **          | □ Remove       |
|              |                  |                       |             | ☐ Change       |
|              |                  |                       |             |                |
|              |                  |                       |             | □ Remove       |
|              |                  |                       | <u> </u>    | Change         |
|              |                  |                       |             | Add            |
|              |                  |                       |             | Remove         |
|              |                  |                       |             | Change         |
|              |                  |                       |             | 16 AM<br>      |
|              |                  |                       | ٠<br>١<br>١ | =U<br>□Remoye  |
|              |                  |                       | RES Floring | Change         |
|              | · .              |                       |             | _₽¥qq<br>      |
|              |                  |                       |             | Remove         |
|              |                  |                       |             | _O Change      |
|              |                  |                       |             | Add            |
|              |                  |                       | <del></del> | _□ Remove      |
|              |                  | •                     |             | □ Change       |

MAR/16/2016/WED 12:13 PM

|                         | <del></del>                        |                                  |                                    |  |                       |               |              |                      |                              |                        | _            |
|-------------------------|------------------------------------|----------------------------------|------------------------------------|--|-----------------------|---------------|--------------|----------------------|------------------------------|------------------------|--------------|
| _                       |                                    |                                  |                                    | ~····································· |                       |               |              |                      |                              |                        | _            |
|                         | <del></del>                        |                                  | <u> </u>                           |  |                       | <del></del> . |              |                      |                              |                        | _            |
|                         |                                    |                                  |                                    |  |                       |               |              |                      |                              |                        | _            |
| _                       |                                    |                                  |                                    | <u></u>                                |                       |               |              |                      |                              |                        |              |
| <del></del>             |                                    |                                  |                                    |  |                       |               |              |                      |                              |                        |              |
|                         |                                    |                                  |                                    |  |                       |               |              |                      |                              |                        |              |
|                         | <u>-</u> :                         |                                  |                                    |  |                       |               |              |                      |                              |                        | _            |
|                         |                                    |                                  |                                    | · · · · · ·                            |                       |               | <del></del>  |                      |                              | 56                     |              |
|                         |                                    |                                  |                                    |  |                       |               |              |                      | Tari<br>Des                  | P.R.O.                 | _            |
|                         |                                    |                                  | <del></del>                        |  |                       |               |              |                      | 62.5<br>62.5<br>63.5         | S                      | — <u>,</u> - |
| _                       |                                    |                                  |                                    | <del></del>                            |                       |               |              |                      | <u></u>                      | <u> </u>               | —;" ;;       |
| <del></del>             |                                    |                                  |                                    | <del></del>                            |                       |               |              |                      | : c                          | <u>ငာ</u><br><i>က်</i> | _:           |
| -                       |                                    | ···                              |                                    |  |                       |               |              |                      |                              | _ ಜ                    | _            |
|                         | <del></del>                        |                                  |                                    |  |                       |               |              |                      |                              |                        | ~~           |
|                         |                                    |                                  |                                    |  |                       | ·             |              |                      |                              |                        |              |
| _                       |                                    |                                  |                                    |  |                       |               |              |                      |                              |                        | _            |
|                         |                                    |                                  |                                    |  |                       |               |              |                      |                              |                        |              |
| Effectiv<br>If an effec | e date, if ot<br>tive date (s list | her than the<br>ed, the date mu  | e date of fill<br>st be specific a | ng:<br>ind cannot be                   | prior to date         | of filing or  | nore than 90 | (optic<br>days after | m <b>ai)</b><br>filiog.) Pus | suant to 6             | 05.020       |
| Note: If                | f the date inse<br>nt's effective  | erted in this b<br>date on the I | lock does no<br>Separtment o       | t meet the a<br>f State's rec          | pplicable s<br>cords. | tanitory fili | ng requirer  | nents, this          | date will:                   | not be li              | sted as      |
|                         |                                    |                                  |                                    |  |                       |               |              |                      |                              |                        |              |
|                         | ord specifie<br>Oth day at         |                                  |                                    |  | it not an             | effective     | time, at     | 12:01 a              | .m. on t                     | :he ear                | lier o       |
|                         | ·                                  |                                  |                                    |  |                       |               |              |                      |                              |                        |              |
| Dated                   | EB 24                              | -A1A                             |                                    | 2016                                   |                       |               |              |                      |                              |                        |              |
|                         |                                    | - 7 1.111                        | ( )                                |  | /                     |               |              |                      |                              |                        |              |

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00