Florida Department of State

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.

(((H14000184811 3)))



H140001848113ABC

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

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ROTHMAN & TOBIN, P.A.

Account Number : I20000000031

: (305)895-3225

Fax Number

: (305)895-7175

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GUENNI HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

....

ARTICLES OF AMENDMENT TO 2014 AUG -7 AN 8: 04 SECRE FARY DE STATE

ARTICLES OF ORGANIZATIONTALL AHASSEE, ELORIDA
OF

GUENNI HOLDINGS, LLC		·
(Name of the Limited Li (A F	ability Company as it now appears on or forda Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabili Florida document number L04000023963	ity Company were filed on 03/26/	2004 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the words	s "Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:	·	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	

B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:	•	
	Enter Florida etr	ees address
	· 	, Florida
_	City	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

Page 1 of 3

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

<u>'itle</u>	<u>Name</u>	Address	Type of Actio
MGR .	Lorena Lisbeth Loreto Infante	17121 Collins Avenue	
		APT 3208	□ Remove
•	·	Sunny Isles Beach, FL 33160	
			Add
:			□ Remove
i. E		,	,
			🖸 Adđ
			□ Remove
		•	□ Add
			□ Remove
			 ,
			DbA 🗆
i I			□ Remove
		<u>· </u>	D Add
			Remove

_ :	46 1	
Lorena Lisbe	eth Loreto Infante	
	,	
	the date of filing:	optional) be more tosus >0 days after
effective date must be specifio,	cannot be prior to date of receipt or filed date and carmo	
effective date must be specific, date this document is filed by the	cannot be prior to date of receipt or filed date and carmo	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE