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SECRETARY OF STATEMENT OF STATEMENT OF GORPOTOXIONS

M. MILLIGAN MAY 1 6 2017.

COVER LETTER

TO:	Registrat Division				
CHD te		.CEDO S	IGNATURE LLC		
SUBJE	C1:		Name of Lin	nited Liability Company	
The enc	losed Artic	cles of A	mendment and fee(s) are sub	omitted for filing.	
Please re	eturn all co	orrespond	fence concerning this matter	to the following:	
			Antonio A Coto		
				Name of Person	
			A&C Associates Group, I	nc.	
				Firm/Company	
			2828 Coral Way, Suite 30	2	
				Address	
			Miami, FL 33145		
				City/State and Zip Code	
			ctony05@gmail.com	()	
m a .				•	notification)
For furth	er informa	ation con	cerning this matter, please c	all:	
Antonio					
	N	Name of Person A&C Associates Group, Inc. Firm/Company 2828 Coral Way, Suite 302 Address Miami, FL 33145 City/State and Zip Code etony05@gmail.com E-mail address: (to be used for future annual report notification) Firmation concerning this matter, please call:			
Enclosed	l is a check	k for the	following amount:		
\$25.0	00 Filing F	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 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

SALCEDO SIGNATURE LLC		
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L04000038018	Company were filed on 05/19/2004	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 "Lim	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 ADDI	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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

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

Title	<u>Name</u>	Address	Type of Action
MGR	ROBERTO SALCEDO	1331 Brickell Bay Dr. Apt 2309 Mi	■ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
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