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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090

Fax Number

Phone : (305)670-1991 : (305)670-1993

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

| Email | Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PARAKALO, LLC



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Help

"JUL 2 4 2013

7/23/2013

PARAKALO LLC

company has been notified in writing of this change,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limite</u> (A | d Liability Company A Florida Limited Liab | as it now appears on our pility Company) | records.) |
|--|---|---|--|
| The Articles of Organization for this Limited I | iability Company we | erc filed on 06/02/200 | 04 and assisted |
| Florida document number L04000041501 | | | $\omega = \omega$ |
| This amendment is submitted to amend the fol | lowing: | | ECRETARY SION OF CO |
| A. If amending name, enter the new name of | of the limited liabilit | y company here: | R RPG |
| , | | | RATE TO THE REPORT OF THE REPO |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Limited | Liability Company," the | designation "LLC" or the ab begint |
| Enter new principal offices address, if appli | cable: | | |
| (Principal office address MUST BE A STREE | ET ADDRESS | | |
| (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: | or registered office | c address on our reco | ords, enter the name of the p |
| New Registered Office Address: | 9130 S DADE | ELAND BLVD, STE | 1509 |
| | | Enter Flor | ida street address |
| | MIAMI | · | , Florida <u>33156</u> |
| | (| City | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | |
| I herehy accept the appointment as registers the provisions of all statutes relative to the p | | | |

If Carriging Registered Agent Agenture of New Registered Agent

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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

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

MGR = Manager MGRM = Managing Member

3056701993

| Title | Name | Address | Type of Action |
|-------|-----------------------|------------------|--|
| MGR | CAROL STEWART | 444 BRICKELL AVE | |
| | • | STE. 828 | Remove |
| | | MIAMI, FL 33131 | |
| MGR | INES FERNANDEZ OLIVER | 444 BRICKELL AVE | Add |
| | | STE. 828 | Remove |
| | | MIAMI, FL 33131 | |
| MGR | JORDAN PALANDJOGLOU | 444 BRICKELL AVE | Add |
| | | STE. 828 | Remove |
| | | MIAMI, FL 33131 | _ |
| | | | △ Add |
| | • | | Remove |
| | | | |
| | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| | | | SECRETARIAN SECRET |
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| | | | P9 Remove |
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| . If amending a | ny other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|------------------------|---|
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| · | |
| | |
| _{ited} JULY 2 | 2 2013 |
| | - Lui Mr |
| | Signature of a member or authorized representative of a member |
| INE | S FERNANDEZ OLIVER - MANAGER |
| | Typed or printed name of signee |

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