

**L04000057103**

Florida Department of State  
Division of Corporations  
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H080000431363ABCZ

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : JORGE GAVIRIA  
Account Number : I20000000245  
Phone : (305)666-8844  
Fax Number : (305)667-7004

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**PRODUCTION FACILITIES, LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
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**T. HAMPTON**

**EXAMINER**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Production Facilities, LLC**  
*(Name of Limited Liability Company)*

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jorge Gaviria, Esq.  
*(Name of Person)*

Jorge Gaviria, Esq.  
*(Firm/Company)*

9769 S. Dixie Highway, Suite 101  
*(Address)*

Miami, FL 33156  
*(City/State and Zip Code)*

For further information concerning this matter, please call:

Jorge Gaviria, Esq. at ( 305 ) 666-8844  
*(Name of Person) (Area Code & Daytime Telephone Number)*

Enclosed is a check for the following amount:

- \$25.00 Filing 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

Acct # 100: H080000431363

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Production Facilities, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS  
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The Articles of Organization for this Limited Liability Company were filed on 08/02/2004 and assigned  
Florida document number L04000057103

This amendment is submitted to amend the following:

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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 company has been notified in writing of this change.*

\_\_\_\_\_  
(If Changing Registered Agent, Signature of New Registered Agent)

Acct #: H080000431363

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

Title	Name	Address	Type of Action
S	Gloria Velasquez	6400 SW 138 Ct., N.202 Miami, FL 33183	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Jorge Velasquez	6392 NW 84 Ave. Miami, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Gloria Velasquez	6400 SW 138 Ct., N.202 Miami, FL 33183	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jorge Velasquez	6392 NW 84 Ave Miami, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

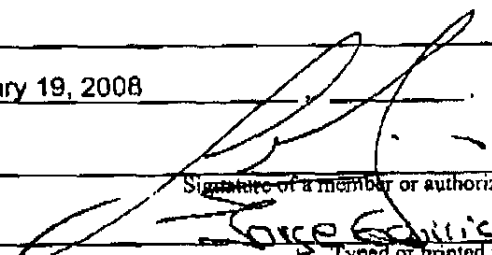
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Dated February 19, 2008

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 \_\_\_\_\_  
 Jorge Velasquez, Esq.  
 \_\_\_\_\_  
 Typed or printed name of signer