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(((H16000137636 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name . : CHARM CONSULTING

Account Number : 120120000084 : (754)234-3393 Phone

Fax Number : (954)302-1525

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 IGUAZU INTERNATIONAL, LLC

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COVER LETTER

Division of Cor		•	
	nternational, llc		
subject:	Name of Lim	ised Liability Company	*
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return, all correspo	ndence concerning this matter	to the following:	
	isabel martinez		
		Name of Person	
	CHARM CONSULTING	nc	
		Firm/Company	 -
	1825 MAIN ST	,	
		Address	· · · · · · · · · · · · · · · · · · ·
	Weston, FL 33326		
		City/State and Zip Code	
	imartinez@charmrealty.com		
Can Airchae In Committee	e-man nowers: (oncerning this matter, please c	to be used for future enriced report notification	n)
	oncerumy mis maner, prease c		
ISABEL MARTINEZ		ar (
Name	f Person	Area Code Daytime Tolo	phone Number
Enclosed is a check for the	ne following amount		
□ \$25.00 Filing Fee	₩ \$30.00 Filing Fee & Certificate of Status	Ci \$55.00 Filing Fee & Certified Cupy (additional copy is enclosed)	C) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regista Divisio P.O. Be	ING ADDRESS; ation Section on of Corporations on 6327 usee, PL 32314	STREET/COURLER & Registration Section Division of Corporation Cition Building 2661 Executive Conter of Tallahassee, FL 32301	s mo

(A)

H1600001376363

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IGUAZU INTERNATIONAL, LL		
(Name of the Limi	ted Liability Company as it the appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited L	iability Company were filed on 01/19	2005 and assigned
Florida document number L05000006163		•
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name o	of the limited liability company here	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered o		ur records, enter the name of the new
Name of New Registered Agent:	CHARM CONSULTING, LLC	888 6 17
New Registered Office Address:	1825 MAIN ST	
	Enter Florida	street address
	WESTON	, 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

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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>	<u>Name</u>	Address	Type of Action
MGR	Martinez, Marmol, Autonio F	1120 South Powerline Rd	
		Pompano Beach, FL 33069	Remove
			[Change
P	Martinez, Marmol, Antonio F	1120 South Powerline Rd	DAdd
		Pompano Beach, FL 33069	■ Remove
Manager	Martinez, Pedro J	1120 South Powerline Rd	Add
_		Pompano Beach, FL 33069	🖾 Remove
			Change
Member	Martinez Marmol, Antonio F	1120 South Powerline Rd	■ Add
		Pompano Beach, FL 33069	□ Remove
			Add M
			Remove
			□ Change
	•		☐ Remove
			☐ Change

D. Hames	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effi <u>Mote:</u> docum	ve date, if other than the date of filing: 5/31/2016 (optional) coive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Persuant to 605.0207 (3Xb) If the date inserted in this block does not meet the applicable secturity filing requirements, this date will not be listed as the cut's effective date on the Department of State's records.	
(b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.	**
Deted	MAY 31	
	Signature of a rounder or authorized representative of a member	Ę

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Filing Fee: \$25.00