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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Dagumant Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Octation dopies |
| Capaigl Instructions to Filing Officer |
| Special Instructions to Filing Officer, A. LUNT |
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Office Use Only

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COVER LETTER

| TO: Registration Division of C | Section Corporations | | | | | | |
|--------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------|----------------------------------------|------|
| SUBJECT: | Jose | Guadehupe lame of Limited Li | e River | LLC | | | |
| | N | lame of Limited Li | ability Company | | | | |
| The enclosed Articles | of Amendment and | fee(s) are submitted | d for filing. | | | | |
| Please return all corre | spondence concernir | g this matter to the | e following: | | | | |
| į | | Jose | Guadalupe Name of Person | Rivera | | | |
| | | Jose | Guaelaluse Pirm/Company | Rivera | LLC | 2 ¹⁴ 1 | |
| | | 1804 | EIK Dr. | | | 2010 DEC 13 SEGRETARY ALLAHASSI | · |
| | | hakel o | and Fl /State and Zip Code | 33801 | | 13 PH 12: 57 RY OF STATE SSEELFLORIDA | |
| For further informatio | | nail address: (to be us | sed for future annual | report notification |) | 2: 57 INTE ORIGA | **** |
| Jose Nam | Guadalupe e of Person | Rivera | _at (<u>863</u>) Areu Cod | 937 — 22 e & Daytime Telep | 92 phone Number | - | |
| Enclosed is a check fo | or the following amou | nt: | | | | | |
| ☑ \$25,00 Filing Fee | \$30.00 Filing Certificate | | \$55.00 Filing Fee & Certified Copy (additional copy) | <u>, </u> | Certified | te of Status & | d) |
| Reg Divi P.O. | ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, FL 32314 | | Registra Division Clifton I 2661 Ex | T/COURIER A tion Section of Corporations Building ecutive Center C see, FL 32301 | | | |
| * | note, | this is t | o (orrect | the sp | elling | of | |

the Corporation name and all spelling of the

Registered agent Jose Guadalupe Rivera

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Jose Guade hu (Name of the Limited Liability Company) | n'y as it now appears on our record | ls.) | | | | |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------|--|--|--|--|
| (A Florida Limited L | iability Company) | | | | | |
| The Articles of Organization for this Limited Liability Company | were filed on Aug zo | o 5 and assigned | | | | |
| Florida document number <u>Lo 50000 8 4 4 8 9</u> . | • | | | | | |
| This amendment is submitted to amend the following: | Reinstatement | Filed 12/2/2010 | | | | |
| A. If amending name, <u>enter the new name of the limited liabi</u> | lity company here: | | | | | |
| | | | | | | |
| The new name must be distinguishable and end with the words "Limit "L.L.C." | ed Liability Company," the designa | tion "LLC" or the abbreviation | | | | |
| Enter new principal offices address, if applicable: | <u>Same</u> | 20 Z | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | I DEC | | | | |
| | | | | | | |
| | | | | | | |
| Enter new mailing address, if applicable: | <u>same</u> | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | | |
| | | | | | | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | nter the name of the new | | | | |
| Name of New Registered Agent: | Jose Guada Lupe | Rivera | | | | |
| New Registered Office Address: | Same | | | | | |
| | Enter Florida street address | | | | | |
| ···· | , Florida | | | | | |
| | City | da 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

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:

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MGRM | Rivera Jose Guadalupe | 1804 EIK Dr Lakeland, Fl 33801 | Add Remove |
| <u>MGRM</u> | Sebastian Mateo | 2829 N. Marsha Avc Lakeland Fl. 33805 | Add Remove |
| MG RM | Garcia, Jvan Manuel | 1804 EIK Dr Lakeland Fl 33801 | Add Remove |
| | | | Add Remove |
| | | | AMA AND PRESIDENCE TO THE PROPERTY OF THE PROP |
| | | | Remove |
| | | <u> </u> | <u> </u> |
| D. If amend | ling any other information, enter change(s |) here: (Attach additional sheets, if necessary.) | - |
| D. If amend | ling any other information, enter change(s |) here: (Attach additional sheets, if necessary.) | - |
| D. If amend | ling any other information, enter change(s |) here: (Attach additional sheets, if necessary.) | |
| | ling any other information, enter change(s | | |

Page 2 of 2

Filing Fee: \$25.00