## L05000121843

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## **COVER LETTER**

TO:	Registration Se Division of Cor					
SURI		RIDA COMMERCIAL GROUP	P, LLC			
Name of Limited Liability Company						
		Amendment and fee(s) are subr	-			
		Y	OLANDA DE GARCES			
			Name of Person			
S.W. FLORIDA COMMERCIAL GROUP, LLC						
Firm/Company						
		3440 ]	Hollywood Blvd. Suite 415			
			Address			
			Hollywood, FL 33021			
			City/State and Zip Code	<del></del>		
gandino@une.net.co  E-mail address: (to be used for future annual report notification)						
For fu	rther information co	oncerning this matter, please ca	11:			
Yolan	da de Garces		305 726-2073 at () Daytim			
	Name of	f Person	Area Code Daytim	e Telephone Number		
Enclos	sed is a check for th	ne following amount:				
\$2	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.W.	FLORIDA COMMI	ERCIAL GROUP, LLO	3			
( <u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	nny as it now appears on Liability Company)	our records.)	· · · · · · · · · · · · · · · · · · ·		
The Articles of Organization for this Limited I	Liability Company	were filed on	12/20/2005	and assig	ned	
Florida document number L05000121843	·					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the	abbreviation "L.L.	C."	
Enter new principal offices address, if applicable:		3440 Hollywood Blvd. Suite 415				
(Principal office address MUST BE A STREET ADDRESS)		Hollywood, FL 330	21			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	E BOX)					
	<del></del>					
B. If amending the registered agent and			ır records, <u>ent</u>		the nev	
registered agent and/or the new registered of	office address her	<u>e</u> :		NOV.	, r	
Name of New Registered Agent:	Cardozo, Ecker	rt & Sanchez, PLLC	·	SSEE	PER TRAIL	
New Registered Office Address:	3440 Hollywoo	od Blvd. Suite 415		PH.		
		Enter Florida s	street address	TAL:	No. in. of	
	Hollywood	Ci+.	, Florida	33021		
		Citv		Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Yolanda de Garces	3440 Hollywood Blvd. Suite 415	
		Hollywood, FL 33021	☐ Remove
			☐ Change
MGR	Alvaro Mejia	3440 Hollywood Blvd. Suite 415	<b>□</b> Add
		Hollywood, FL 33021	□ Remove
			☐ Change
D	MAPSA INVESTMENTS INC	4645 SE 11th PL. Suite 103	:-; □ Add
		Cape Coral, FL 33904	Recorder
			ASSE D Change
D	GRUPO ANDINO	4645 SE 11th PL. Suite 103	
		Cape Coral, FL 33904	Remove
	•		☐ Change
D	MBO Investment Group, LLC	4645 SE 11th PL. Suite 103	Add
		Cape Coral, FL 33904	■ Remove
			☐ Change
D	Japas Corporation	4645 SE 11th PL. Suite 103	Add
		Cape Coral, FL 33904	■ Remove
			□ Change

. If amending a	any other information	n, enter change(s) t	iere: (Attach addi	itional sheets, if ne	.essary.)			
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. Effective date	e, if other than the da	ite of filing:		(ор	tional)		Ĭ6 (	
Note: If the d	ate is listed, the date must blate inserted in this bloc feetive date on the Dept	, does not meet the ap	pplicable statutory f	or more than 90 days at iling requirements, t	ter filing ) Pursuant to 6 his date will not be l	isted as the	NOV 22	;
f the record sp b) The 90th	pecifies a delayed of day after the recor	ffective date, but d is filed.	t not an effectiv	e time, at 12:01	. a.m. on the ear	HIE OF	P	j Pana
Dated	November 8	2016		<b>%</b> )		TATE ORIDA	(S)	
	Si	gnature of a member or	authorized representa	live of a member				
		Yal	anda de Garces					
		_	printed name of signe	ec .				

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Filing Fee: \$25.00