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# **COVER LETTER**

TO: Registration Se Division of Cor				
CUDIFOT.	S.W. FLORIDA CO	MMERCIAL GROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		YOLANDA DE GARCES		
Name of Person				
S.W. FLORIDA COMMERCIAL GROUP, LLC			LC	
Firm/Company				
	3440 Hollywood Blvd. Suite 415			
	Address			= REE
	Hollywood, FL 33021			8
		City/State and Zip Code		1 S S S S S S S S S S S S S S S S S S S
	F-mail address: I	gandino@une.net.co to be used for future annual report notif	(ication)	
For further information c	oncerning this matter, please c	·		TE DEC 19 PM 4: 04
Yolanda de Garces		305 726-2073		
Name o	f Person		e Telephone Number	
Enclosed is a check for the	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears Liability Company)	on our records.)		
(A Florida Limited I		<del></del>		
The Articles of Organization for this Limited Liability Company	were filed on	12/20/2005	and assigne	ed
Florida document number L05000121843				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the de	esignation "LLC" or the a	bbreviation "L.L.C.	,,
Enter new principal offices address, if applicable:				<del></del>
(Principal office address MUST BE A STREET ADDRESS)			<u>55</u>	
			EC_	
Enter new mailing address, if applicable:	3440 Hollywood	Blvd. Suite 415.	19 P	98.77 77.97
(Mailing address MAY BE A POST OFFICE BOX)	Hollywood, FL	33021.		77.11
			9	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter	the name of	the new
Name of New Registered Agent:				
New Registered Office Address:				<del></del>
	Enter Flore	ida street address		
·		, Florida	7: 0 1	
New Registered Agent's Signature, if changing Registered Agent:	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

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>	<u>Address</u>	Type of Action
MGR	Carlos Salaverria	3440 Hollywood Blvd. Suite 415.	<b>⊒</b> Add
		Hollywood, FL 33021.	Remove
			□ Change
			Add
			□ Remove
			Change  Change  Remove  Change
			OR Remove
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			Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	DEC 19
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Effective date, if other than the date of filing:	605.0207 (3)(b) listed as the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear. The 90th day after the record is filed.	ndier of:
Dated December 12 2016	
Signature of a member or authorized representative of a member	_
Yolanda de Garces	
Typed or printed name of signee	-

Page 3 of 3

Filing Fee: \$25.00