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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LAZARUS CORPORATE Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	SCORE ARY OF STATE ALLAMASSEE FINERA FILING SERVICE,
Enter the email address for this business entire annual report mailings. Enter only one email Email Address: LLC AMND/RESTATE/CORRECT OF OFFICE 605 LLC	1 address please.
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	SULKER Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H 1 60 U U 0 0 4 1 7.1

Oi	"		
OFFICE 605 LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		-
The Articles of Organization for this Limited Liability Company we Florida document number L06000044368	were filed on 04/27/2006	end	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
The new name must be distinguishable and end with the words "Limited Liabili	ity Company," the designation "LLC" or t	he abbreviation	"LL.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		27	
•			6
Enter new mailing address, if applicable:			JAN
(Mailing address MAY BE A POST OFFICE BOX)		တို့	1
(Manual Games) MAI DE A FOST OFFICE BUA)			5 27
•			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, ent	er the nam	e of the new
Name of New Registered Agent:			
New Registered Office Address:	•		-
	Enter Florida street address		
-	. Florida		
•	City	Zip Cod	ė –
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad company has been notified in writing of this change.	erformance of my duties, and I are evided for in Chapter 605, F.S. C	n familiar w r, if this doc	vith and cument is
If Changin	ng Registered Agent, Signature of New	Registered Ap	ent
Page 1 o	13		

If amending the Managers or Authorized Member on our records, enter the tide, name, and Authorized Member being added or removed from our records:		iddress of each Manager o	
MGR= I			
Title	Name	Address	Type of Action
MGR	HERNAN VERGARA	16500 COLLINS AVE #1651	Add
		SUNNY ISLES, FL 33160	■ Remove
MGR	ANGEL CATTANEO	C/O 9290 SW 72 ST, STE 103	Add
		MAIMI, FL 33173	□ Remove
······································			Add
			Remove
			AN A
	,		Remove
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			Remove
		j	

11/17/2033		
D. If an	niending any other leformation, enter change(s) here: (Attach additional sheets, if necess	asi)

#3385 P.004/004

E. Effective date, if other than the date of filing:

(In effective date must be appeared to prove to date of feeting of later and based to most then 90 days of its date this document is find by the Florids Department of State)

1 01/04/16 X

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