

**201600041893**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000004169 3)))



H160000041893ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OFFICE 607 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2016 JAN -6 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2016 JAN -6 A 10:12

**FILED**

JAN 07 2016  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H16000004169

OFFICE 607 LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/27/2006 and assigned  
Florida document number L06000044384

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

City

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2016 JAN -  
A 10  
Zip Code

FILED

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

H16000004169

H 16000004169

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HERNAN VERGARA	16500 COLLINS AVE #1651	<input type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Remove
MGR	ANGEL CATTANEO	C/O 9290 SW 72 ST, STE 103	<input checked="" type="checkbox"/> Add
		MAIMI, FL 33173	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
 2016 JAN -6 / A 10:12  
 PALM BEACH COUNTY FLORIDA

H 16000004169

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

---



---



---




---



---

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Date  01/04/16  \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

**HERNAN ADOLFO VERGARA**  
 \_\_\_\_\_  
 Typed or printed name of signer

2016 JAN -6 A 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED