

MAY/08/2017/MON 07:08 PM

5/8/2017

FAX To:

P. 001

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CESS, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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2017 MAY -8 PM 12:15

5/8/2017 12:15 PM  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 09 2017

Y SULKER

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

CESS, 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 08/09/2016 and assigned  
Florida document number L06000078520.

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 contain 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

City

Florida

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>    | <u>Type of Action</u>                      |
|--------------|-------------------|-------------------|--------------------------------------------|
| P            | CHRISTIAN JOUAULT | 248 SE 1ST STREET | <input type="checkbox"/> Add               |
|              |                   | MIAMI, FL 33131   | <input checked="" type="checkbox"/> Remove |
|              |                   |                   | <input type="checkbox"/> Change            |
| AMBR         | IRIDES E. GARCIA  | 248 SE 1ST STREET | <input checked="" type="checkbox"/> Add    |
|              |                   | MIAMI, FL 33131   | <input type="checkbox"/> Remove            |
|              |                   |                   | <input type="checkbox"/> Change            |
|              |                   |                   | <input type="checkbox"/> Add               |
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17 MAY - 9 1964  
Pursuant to 605.  
will not be listed

2017

Typed or printed name of signee