## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RODOLFO J. SUAREZ, INC.

Account Number: I19990000270 Phone

: (305)718-4400

Fax Number

: (305)718-4408

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1952, L.L.C.

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EXAMINER

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		1952, L.L.C.		Fig. 1	
( <u>N</u> 2	<u>me of the Limited Lizh</u> (A Flor	oility Company as it now apperida Limited Liability Company	ars on our records.)	LL AH DEC	-T
The Anticles of Organization	for this Limited Liabili	ty Company were filed on	09/05/2007	ဟု and assigned	
Florida document number	L07000091476	<u>3</u> .		PA PA	
This amendment is submitted	to amend the followin	<b>g</b> :			
A. If amending name, enter	the new name of the	limited liability company he	<u>)re</u> ;	<b>*</b>	
The new name must be distingu"L.L.C."	ishable and end with the	words "Limited Liability Com	pany," the designation	"LLC" or the abbrevi	atio
Enter new principal offices	address, if applicable			<del> </del>	
(Principal office address MUST BE A STREET ADDRESS)					_
Enter new mailing address,  (Mailing address MAY BE A		<del></del>			
B. If amending the registered agent and/or the			our records, enter	the name of the	деу
. Name of New Regis	stered Agent:			·	_
New Registered Off	Sice Address:	E	inter Florida street ad	idress	
	<del>-</del>	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 608, 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

Page 1 of 2

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

MGR = Manager
MGRM = Managing Member

7

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Preside	Rodolfo Remien	888 S. Douglas Rd - PH2 Coral Gables, FL 33134	✓ Add ☐ Remove
Vice-Pr	Jonathan Remien	888 S. Douglas Rd - PH2 Coral Gables: FI 33134	✓ Add Remove
<del> </del>			Add Remove
			Add Remove
			A Report
			Aren Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessa	
·			
Dated	November 30	2011	· .
	<i>i</i>	ember or authorized representative of a member	
	#250C	FO REWIEW  Typed or printed name of signee	

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