

12/5/2014

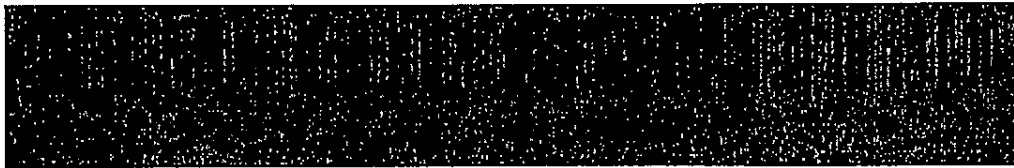
**LO8000108405**

Division of Corporations

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.

(((H14000280877 3)))



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To:

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

From:

Account Name : SNYDER GROISMAN P.A.  
Account Number : I20120000060  
Phone : (786)899-2880  
Fax Number : (786)899-2890

**\*\*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  
MACHOLD, L.L.C.**

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

RECEIVED

14 DEC -5 AM 10:09

DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDAFILED  
14 DEC -5 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 08 2014

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

Machold, L.L.C.

(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 11-21-08 and assigned  
Florida document number L08000108405

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:

21209 NE 38 Avenue

(Principal office address MUST BE A STREET ADDRESS)

Aventura, FL 33180

Enter new mailing address, if applicable:

21209 NE 38 Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Aventura, FL 33180

**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:

Snyder Groisman, PA

New Registered Office Address:

21500 Biscayne Blvd. Ste .401

Enter Florida street address

Aventura

City

Florida

33180

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

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TALLAHASSEE FLORIDA

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	<i>Tango Management Services, LLC</i>	21209 NE 38 Avenue	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
MGR	<i>DB Investments Limited, INC.</i>	2560 NE 190 Street, #3	<input type="checkbox"/> Add
		Miami, FL 33180	<input checked="" 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 DEC -5 PM 10:11  
Remove  
Add  
Remove

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

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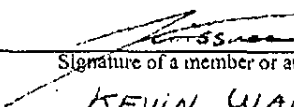
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E. Effective date, if other than the date of filing: December 3 2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 3, 2014.

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

KEVIN WAISSMANN

\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA