

LO9000007056

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 : TORRES & VADILLO, LLP
 Account Number : 12015000003E
 Phone : (305)485-9700
 Fax Number : (305)436-0152

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

Email Address: Corporations@smnws.com

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

Certificate of Status	0
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2017 OCT 24 AM 9:42

Electronic Filing Menu Corporate Filing Menu Help

2017 OCT 24 AM 9:14

K. SALY
OCT 25 2017

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2017 OCT 24 AM 9:14
FILED
TOLSON
STATE
SECRETARY

GIRU, 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 01/22/2009 and assigned
Florida document number L09000007056

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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 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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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>
MGR	GINESTRA-TOMASI, NOEL SR	11318 NW 59 TERR	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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