



Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone: (561)694-8107

ax Number : (561)694-1639

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

680 MERRICK VIEW OFFICE, LLC

RECEIVED

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TALLAHASSEE, FLORIDA

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EXAMINER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	680 ME	RRICK VIEW	OFFICE, LLC	majoonan yogayaa kadada ii Maraada	
	(A)	Florida Limited L	vas it now appears on our records.)		
The Articles of Organiz	zation for this Limited Li	ability Company	were filed on January 29th, 2009	and assigned	
Florida document mumi	berL0900000 <i>9636</i>	,			
This amendment is sub	mitted to amend the folio	wing:			
A. If amonding name	, enter the new name of	the limited liabi	lity company here:	mad as a	
		······································		2003 SE	
The new name must bold "L.L.C."	istinguishable and end with	the words "Limit	ed Liability Company," the designation "I	工厂 55	 1
Enter new principal o	ter new principal pilices address, if applicable:		2627 S. Bayshore Drive, Apt. 907	7 公果 2	Might.
Principal office addre	S MUST BE A STREET	ADDRESS)	Coconut Grove, Florida 33133		*
					سالت مو معرب ر
				93 <b>3</b>	
Enter new moiling add	d <b>ress</b> , if applicable:		1110 Brickell Avenue	Orti CO	
(Mailing address MAY BE A POST OFFICE BOX)		roxo	Suite 310	<del></del> _	
		Mlami, Florida 33131			
B. If amouding the registered agent and/o	registered agent and/or r the new registered off	r registered off ice <u>address here</u>	ice address on our records, <u>enter t</u> :	<u>he name of the new</u>	
Name of New	Revistered Agent:	NS CORPOR	RATE SERVICES INC.		
New Register	d Office Address:	1110 Brickell	Avenue, Sulte 310		
Miami			(Enter Florida street add	dress)	
		, Florida <u>33</u> 131			
			(Ciny)	(Zip Code)	
New Rogistered Agent's	Signature, if changing Re	gistered Agent:			
the provisions of all st accept the obligations being filed to merely r	atules relative to the pro of my position as regist	oper and comple ered agent as pr gistered office o hange.	e to act in this capacity. I further agree to performance of my duties, and I a covided for in Chapter 608, E.S. Or, address, I hereby confirm that the time	m familiar with and if this document is itted liability	
İ		((Chan	ging Registered Ment, Signature of New Re	gistared Acent)	
		Page 1	512		

If omending the Managers or Managing Members on our records, enter the fitte, name, and address of each Manager or Managing Member being addled or removed from our records: MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> Address Name MGR Fernando Campos 3850 Bird Road, Suite 902 **≓** Add Miami, Florida 33146 a 7 Remove MGRPS\_ Jose Franklin Gindler 2627 S. Bayshore Drive Add Apt 907 Remove Coconut Grove, Florida 33133 bbA 🛅 🗖 Remove Add Remove Add ES Add
Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March 26th or authorized representative of a member ERNANDO CAMPOS

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