

L090000/2191

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 : CORPORATE CREATIONS INTERNATIONAL, INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)828-2262

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ALL INFORMATION FILED

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

Email Address: _____

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14 SEP 22 AM 11:09

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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

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

SEP 23 2014

AMOUNT

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ROVIDAL 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 02/05/2009 and assigned
Florida document number L09000012191

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SEP 22 AM 11:14
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY FLORIDA

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:

(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

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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>
MGRM	VIDAL, CARLOS E	PO BOX 772081 MIAMI, FL 33177	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VERGARA DEL CARRIL, GLORIA M	PO BOX 772081 MIAMI, FL 33177	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	VIDAL, CARLOS E	PO BOX 772081 MIAMI, FL 33177	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	VERGARA DEL CARRIL, GLORIA M	PO BOX 772081 MIAMI, FL 33177	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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25 SEP 22 AM 10:41
FBI - MIAMI

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

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (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 September 22 2014

Signature of a member or authorized representative of a member

Tim Pratts, Attorney-in-Fact

Typed or printed name of signer

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2014 SEP 22 AM 10 14

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