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MUMIASSE, FERRIA

FILED 2015 JUN 24 AM II: 08

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COVER LETTER

Division	of Corpoi	rátions '			
LLo SURJECT:	oyds Contir	nental LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed Art	icles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all o	corresponde	ence concerning this matter	to the following:		
		Franco Picco			
			Name of Person		-
		LLoyds Continental LLC			
			Firm/Company		_
		40 SW 13th St Suite 501			
			Address		_
		Miami, FL 33130			
			City/State and Zip Code		_
	-	E-mail address: (t	to be used for future annual repor	t notification)	
For further inform	nation conc	erning this matter, please ca	all:		
Franco Picco			305 951-863	31	
	Name of Pe	rson	at () Area Code Di	aytime Telephone Numbe	<u></u>
Enclosed is a che	ck for the f	ollowing amount:			
■ \$25.00 Filing	ş Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certifie	ate of Status &

TO: Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 JUN 24 AM II: 08

SECRETARY OF STATE. FALLAHASSEE, FLORIDA

LLoyds Continental 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 04/02/2009	and assigned
Florida document number L09000032127		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	40 SW 13th ST Suite 501 Mian	mi FL 33130
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	40 SW 13th ST Suite 501 Mian	mi FL 33130
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		s, enter the name of the new
New Registered Office Address:		
	Enter Florida street addres	SS
***************************************		orida
N B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agrounce provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = M AMBR = A	Sanager Authorized Member		
<u> Citle</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an ef Note:	tive date, if other than the date of filing:	.0207 (3)(b) ed as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:
Dated	6/18/1	
	Signature of a member or authorized representative of a member	
	TRANCESCO VICES Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00