Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : 120020000087 : (954)389-1333 Fax Number : (954)389-1397

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PENINSULA SMS, LLC

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Corporate Filing Menu 14Y 1 9 7017

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		TS I
PENINSULA		FS J. D
(<u>Name of the Limited Liabili</u> (A Flonds	ty Company as it now appears on our records, a Limited Liability Company)	OF STATE
The Articles of Organization for this Limited Liability C	Company were filed on 4/7/09	and assigned
Florida document number L09000033681		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDI	RESS)	
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	City	Zin 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

F

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>	Name	Address	Type of Action
MGR	GABRIEL S. DIAZ-SARMIENTO	5600 SW 135 AVE.	
		202A	■ Remove
		MIAMI, PL 33183	Change
дР	VANESSA PIEDRAHITA	2721 EXECUTIVE PARK DRIVE	Add
		SUITE 4	□ Remove
		WESTON, FL 33331	□ Remove
			□ Add
			Remove
			☐ Change
			Add Add Remove
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			☐ Change
			Remove
			Change

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ffective date, if other that meffective date is listed, the dide: If the date inserted in ocument's effective date on e record specifies a de The 90th day after th	this block does not me the Department of Sta layed effective da	et the applicable statut ite's records.	ory filing requirement	s, this date will no	t be listed as t
ated May 1	4 1	2016			
ated				TALL	15 M
	Signature di a me	ember or authorized repre	sentative of a member	H A A	
		VANESA PIEDRAH	IITA	ි.ර දුර පස	
	.,	yped or printed name of	signee	(F)	AM 7
		Page 3 of 3		2	: +:

Filing Fce: \$25.00