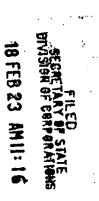
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COVER LETTER

Division of Corp	orations		
SUBJECT: /	Puerto Rica	an beadership	p Council LC
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	CAR	Name of Person	nan
		Name of Person	
	Pui	rpulis LLC	
		1 min company	
	9219	Everwood?	\frac{f}{}.
•		Address	
	Mano	City/State and Zip Code UZMAN 70 GWO o be used for future annual report notifie	825
	caclos	City/State and Zip Code	1/ 0000
	F-mail address: (1	o be used for future annual report position	2//, COM/)
For further information co	ncerning this matter, please ca		,
2			
CARIOS K	Conmanan		15010
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
. /	•	— Ass As P W — S	= *** ** = ***
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L0900060427</u> 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 contain 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

MGR = 'Manager AMBR = Authorized Member Type of Action Title MARLICCE GUZMAN 32715. ChickASAWTRAIK Add ☐ Change MGR Monico Arrayo Segal 717N □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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	d, the date must be specific a				
<u>e:</u> If the date inserument's effective of	rted in this block does no date on the Department of	t meet the applicable st of State's records.	atutory ming requireme	ents, this date will not be	e listed as
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Filing Fee: \$25.00