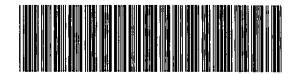
1090097415

| •" | | |
|-------------------------|--------------------|-------------|
| · (Re | equestor's Name) | |
| | | |
| (4. | Idaaa) | |
| (AC | ldress) | |
| | | |
| (Ac | ldress) | |
| • | | |
| | | |
| (Ci | ty/State/Zip/Phon | e #) |
| | | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| | | |
| (Bı | isiness Entity Nar | me) |
| | | |
| (Do | cument Number) | |
| (| | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| <u> </u> | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| , | | |
| | | |
| | | |
| | | ļ |
| | | |
| | | |

Office Use Only



100286693971

06/14/16--01031--007 **25.00

ALLARASSEL TURBA

16 JUN 13 PM 4:

TALLAHASSEET LOUGA

JUN 1 5 2016 S. YOUNG

COVER LETTER

| Division of Co. | | , | | |
|-----------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------|
| SUBJECT: | afe, LLC | | | |
| , | Name of Limi | ited Liability Company | | |
| | Amendment and fee(s) are sub- | - | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | MARCELO SCHAMY | | | |
| | Storyo, | Name of Person Firm/Company | | |
| | 4770 Biscayne Blvd #1280 | | | # E |
| | | Address | | 2 |
| | Miami, Fl 33137` | | | 13 |
| | mschamy@gmail.com | City/State and Zip Code | | 16 JUN 13 PH 4: 23 |
| | E-mail address: (1 | to be used for future annual report notifi | cation) | 73 |
| For further information c | oncerning this matter, please ca | all: | | ر, تب |
| Marcelo Schainy | | 305 450-6220 at-() | | |
| Name o | f Person | Area Code Daytime | Telephone Númber | |
| Enclosed is a check for the | he following amount: | | | |
| \$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 State Certified Copy (additional copy is enc | |

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

b.

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

| C_{-} | | | |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (A Florida Limited Liabi | s it now appears on our lity Company) | · records.) | |
| iability Company wer | e filed on 10/09 | 2009 | and assigned |
| 615 | | | |
| owing: | | | |
| f the limited liability | company here: | · | |
| vords "Limited Liability C | company," the designation | on "LLC" or the abb | reviation "L.L.C." |
| able: | | <u>-</u> - | <u> </u> |
| TADDRESS) | | ····· | |
| _ | | · · · · · · · · · · · · · · · · · · · | 20 MS |
| _ | | | |
| BOX) | | | <u> </u> |
| fice address here: Royal Meric | dian Group Siscounc Bl | VCI #129 | he name of the new |
| | (A Florida Limited Liability Company were 1615 Owing: If the limited liability Conds "Limited Liability Company "Limited Liability Conds "Limited Liability Company "Limited Liability "Limited Liability "Liability "L | (A Florida Limited Liability Company) iability Company were filed on 10/09/1615 owing: f the limited liability company here: vords "Limited Liability Company," the designation able: ETADDRESS) for registered office address on our reffice address here: Royal Mchidian Grown Enter Florida street Micania | iability Company were filed on NO/09/2009 1615 owing: If the limited liability company here: vords "Limited Liability Company," the designation "LLC" or the abb cable: ETADDRESS) Nor registered office address on our records, enter to ffice address here: Royal Meridian Group LLC 4770 Biscounc Blycl # 128 Enter Florida street address Micani , Florida 3 |

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

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. |
|--------------|------------------------|------------------------------|-----------------|
| AMBR | Aguerre, Federico E. | Amenabor 3960 3C | Add |
| | | Copital Federal, BA 1429 AIR | □ Remove |
| | | | |
| AMBR | Addimo Celina Penez | Amenator 3960 30 | ⊡.A₫đ |
| | | Ocpital Faderal, BA 1429 HR | Remove |
| | | | _ Change |
| AMBR | D'Ambrosio, Leandro A. | Virrey Del Pivo 1751 50 B | L Sphy Co |
| | | Capital Federal, 13H 1426 AR | □ Removê |
| | | | _b Change |
| AMPR | Candone, Harla A | Writery bet Pino 1751 50 B | □ Add |
| | | Capital Rederal, BA 1426 AR | _ Premove |
| - | | | _C/Change |
| | **** | | _⊡ 'A'dd- |
| | | | _□ Remove |
| | | | Change |
| <u></u> | | | _□ Add |
| | | | _□ Remove |
| | | | _□ Change |

| | · · · · · · · · · · · · · · · · · · · | | | <u> </u> | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------|--------------------------------------------------------------------|
| | | | | <u> </u> | |
| | ····· | | | | |
| | | | · · | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | P vir manus manus | | | · · · · · · · · · · · · · · · · · · · |
| | , , , som | | | | |
| | | | | | |
| | | | | | |
| **** | | - - | <u> </u> | | |
| | | | | | |
| | | | | | |
| , | | | | | |
| *************************************** | | | | | |
| | ······································ | | | <u>.</u> | |
| | | | | ·-···································· | |
| effective date is listed, e: If the date inserte | r than the date of fi the date must be specific od in this block does note on the Department | c and cannot be price of meet the appl | icable statutory f | r more than 90 days | optional) after filing.) Pursuant to ; this date will not be |
| | a delayed effectiver the record is file | | ót an effectiv | e time, at 12: | 01 z.m. on the ea |
| | | 2016 | | | |
| d May 21 | LOWO, | int | horized representa | ive of a member | |

Page 3 of 3

Filing Fee: \$25.00