

**L09000108171**  
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 : TAX, ACCOUNTING AND FINANCIAL EXPERTS INC.  
Account Number : 120120000098  
Phone : (305) 760-2011  
Fax Number : (866) 995-3710

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

epuka76@aol.com

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ORMOND BEACH, LLC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

APR 18 2017  
J. HARRIS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**ORMOND BEACH, 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 11/10/2009 and assigned  
Florida document number L09000108171.

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 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

**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> | <u>Name</u>      | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|------------------|---------------------------|--|
| MGR          | LEOPOLDO CARRENA | PO BOX 173240             | <input type="checkbox"/> Add               |
|              |                  | MIAMI, FL 33017-3240      | <input checked="" type="checkbox"/> Remove |
|              |                  |                           | <input type="checkbox"/> Change            |
| MGR          | CARLOS NOSIGLIA  | 20900 NE 30TH AVE STE 210 | <input checked="" type="checkbox"/> Add    |
|              |                  | AVENTURA, FL 33180        | <input type="checkbox"/> Remove            |
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Dated MARCH 24

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~~Signature of a member or authorized representative of a member~~

LEOPOLDO CARRENA, MGR

Typed or printed name of signee

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FILED  
JUN 10 1964  
FBI - NEW YORK