L09000108241

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE



COVER LETTER

TO:

Registration Section

| Division of Co | | | | | |
|-----------------------------|---|---|------------------|----------------|--------|
| JD PLAYII SUBJECT: | NG AND LEARNING LLC | | | | |
| SOBJECT: | Name of Lim | ited Liability Company | | | |
| | Amendment and fee(s) are sub | | | | |
| r rease return an correspo | machee concerning this matter | to the following. | | | |
| | RUBEN PACHECO | | | | |
| | | Name of Person | | | |
| | | Firm/Company | | | |
| | 9300 NW 25TH ST STE I | 09 | | | |
| | | Address | | TASE 56 | |
| | DORAL FL 33172 | | | LAEL SEP | 7] |
| | A A GERERO OTA ON CANA | City/State and Zip Code | | SSS. | |
| | MAZEREDO@TASMIAM E-mail address: (| II.COM to be used for future annual report notifi | cation) | | ILE D |
| For further information of | concerning this matter, please ca | · | , | ORIU | ၃ ၁ |
| RUBEN PACHECO | | 305 7204229 at () | | |) |
| Name o | of Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & | |
| Regist Divisio P.O. B | ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314 | STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer | n ations | | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limite | | as it now appears on our recility Company) | cords.) |
|---|-------------------------|--|-----------------------------------|
| The Articles of Organization for this Limited Lia Florida document number L09000108241 | ability Company we | ere filed on 11/09/2009 | and assigned |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liabilit | y company here: | |
| N/A | | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liability | Company," the designation " | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ıble: | N/A | |
| (Principal office address MUST BE A STREE) | T ADDRESS) | | SEP TI |
| Enter new mailing address, if applicable: | 1 | N/A | SSEE TO TO |
| (Mailing address MAY BE A POST OFFICE L | <u>30X)</u> _ | | 0,000 E |
| B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent: | | e address on our reco | ords, enter the name of th |
| New Registered Office Address: | | | |
| ivew Registered Office Address. | | Enter Florida street aa | Idress |
| | | | , Florida |
| | | City | 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 | Membér |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------------------|--------------|------------------------|
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| THE FOLLOWING DOCUMEN | TIS TO SPECIFY THE AM | OUNT OF UNITS EACH SHA | KEHOLDS |
|---|---|---|---|
| CONTAINS, AS FOLLOWS: | | | |
| JORGE PLUCHINO 95 % | | | |
| RUBNE PACHECO 5 % | , | | |
| WITH THIS DOCUMENT WE A | RE CORRECTING THE A | MENDMENT RECEIVED ON | 06/16/2015. |
| MARIA AZEREDO HELD 5 UN | ITS DURING THE TIME S | HE WAS REPRESENTING JO | RGE PLUCHINO. |
| SINCE 06/16/2015 THE ONWER | S HAS BEEN: | | |
| RUBEN PACHECO WITH 5% | | | |
| JORGE PLUCHINO WITH 95% | | | |
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| etive date, if other than the date affective date is listed, the date must be sometiment's effective date on the Depart | pecific and cannot be prior to da loes not meet the applicable | te of filing or more than 90 days after | tional) er filing.) Pursuant to 605.0 iis date will not be listed |
| ecord specifies a delayed eff e 90th day after the record | | effective time, at 12:01 | a.m. on the earlier |
| SEPTEMBER 12 | 2016 | | |
| | | | |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee