

LO9000108656

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS, INC.
Account Number : I20120000058
Phone : (305) 438-7671
Fax Number : (866) 895-8710

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

Email Address: EPUKA76@AOL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STUART INVESTMENTS, LLC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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TALLAHASSEE, FLORIDA

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2014 FEB 21 AM 8:25

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Corporate Filing Menu

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FEB 24 2013

T. HAMPTON

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

STUART INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on L09000108650 and assigned
Florida document number 11/12/2009

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 end with 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

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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> |
|--------------|----------------------------|-------------------------|--|
| MGRM | CARLOS J NOSIGLIA | 19380 COLLINS AVE #1216 | <input type="checkbox"/> Add |
| | | SUNNY ISLES BEACH, | <input checked="" type="checkbox"/> Remove |
| | | FL 33160 | |
| MGRM | MARTIN COLOMBRES GARMENDIA | 19380 COLLINS AVE #1216 | <input type="checkbox"/> Add |
| | | SUNNY ISLES BEACH, | <input checked="" type="checkbox"/> Remove |
| | | FL 33160 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated **FEBRUARY 19**, **2014**

Leopoldo Carrera
Signature of a member or authorized representative of a member
Leopoldo Carrera
Typed or printed name of signee

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