

# L10000006584

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 : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

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

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PELICANO 1, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
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Corporate Filing Menu

Help

H13000163237

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PELICANO 1, 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 01/19/2010 and assigned  
Florida document number L10000008584.

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 office address, if applicable:

20801 BISCAYNE BLVD

(Principal office address **MUST BE A STREET ADDRESS**)

SUITE 306

AVENTURA, FL 33180

Enter new mailing address, if applicable:

20801 BISCAYNE BLVD

(Mailing address **MAY BE A POST OFFICE BOX**)

SUITE 306

AVENTURA, FL 33180

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 608, 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

Page 1 of 3

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

| Title | Name                | Address             | Type of Action                             |
|-------|---------------------|---------------------|--------------------------------------------|
| MGR   | IGLESIAS, RICARDO M | 2999 NE 191 STREET  | <input type="checkbox"/> Add               |
|       |                     | PH8                 | <input checked="" type="checkbox"/> Remove |
|       |                     | AVENTURA, FL 33180  |                                            |
| MGR   | DOMERGUE, GASTON    | 20801 BISCAYNE BLVD | <input checked="" type="checkbox"/> Add    |
|       |                     | SUITE 306           | <input type="checkbox"/> Remove            |
|       |                     | AVENTURA, FL 33180  |                                            |
|       |                     |                     | <input type="checkbox"/> Add               |
|       |                     |                     | <input type="checkbox"/> Remove            |
|       |                     |                     |                                            |
|       |                     |                     | <input type="checkbox"/> Add               |
|       |                     |                     | <input type="checkbox"/> Remove            |
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|       |                     |                     | <input type="checkbox"/> Add               |
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|       |                     |                     | <input type="checkbox"/> Remove            |
|       |                     |                     |                                            |

Page 2 of 3

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

X Nora G. Domezgue  
Signature of a member, authorized representative of a member  
NORA G. DOMERGUE  
Typed or printed name of signer

Page 3 of 3

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PAGE 04/04