Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000119926 3)))



H170001199263ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC

Account Number : I20090000072 Phone

: (954)356-2905

Fax Number

: (954)337-8346

\*\*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 **BORGIN & BURQUE, LLC** 

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

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 0 3 2017

Ted3.

**BORGIN & BURQUE LLC** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our record	<u>2.)</u>		
The Articles of Organization for this Limited Lia Florida document number <u>L10000022213</u>	<u> </u>	were filed on 02/26/2010	and assigned		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation "[.C.C.	"or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		2225 N. COMMERCE PKWY	`		
		SUITE 4			
		WESTON, FL 33326			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2225 N. COMMERCE PKWY			
		SUITE 4			
	·	WESTON, FL 33326	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:	WESTON COR		enter the name of the new		
	WESTON		orida 33326		
		Cin	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

Page 1 of 3

(((H17000 1199263)))

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>	Address	Type of Action
MGR	MARINA E RUIVAL	20801 BISCAYNE BLVD	D Add
	•	SUITE 306	Remove
		AVENTURA, FL 33180	□ Change
MGR	FERNANDO POLANCO	2225 N. COMMERCE PKWY	—————————————————————————————————————
		SUITE 4	☐ Remove
		WESTON, FL 33326	☐ Change
		G.	
			□ Remove
			□ Atth
			☐ Change
	***************************************		D Add
			☐ Remove
		<i>ju</i> 1	☐ Change
		(f)	
			□ Remove
*			□ Change

If amending any other inform	mation, enter (	change(s) here:		al sheets, if	necessai	y.)	vande (vales and vales and	•
								-
							·····	•
			ر مورد و در الدين و در الدين دورد و دورد و دورد الدين الدين و دورد الدين و دورد الدين و دورد الدين و دورد و دو دور دورد و د	<del></del>				
	N Comments of the Comments of	an manufacture of a fee My-100 measure						-
	NAME OF THE OWNER OWNER OF THE OWNER							
			<i>*</i>			·~	<del></del>	-
and the same of th								-
								-
			<i>4</i> 5°					
		American de la compansión			aldriggerger of the property			-
The state of the s	**************************************		and the second s	<del></del>				-
		•						
								•
And France of the State of the	·····					T		-
philadeline was proportionally represent the Printleman of the Commission of the Com		and the Pay wages are to proper the first of	* (***********************************					
						A. C	17	
makani iyada dagiri da da iya aya sayar irilama a raman ba amasada da irilama ara da da irilgana ara da da iri				,			-	· ····································
			· · · · · · · · · · · · · · · · · · ·		····	357		r Green Company
						<u> 55</u> -	ri	سو سرقي م
							370 2012	- H
				<del></del>		95	20.65 44.	" FTF &
N	and the second s					<u>광</u> 가	Ω_	•
						m. Jr.	*	

Page 3 of 3

Filing Fee: \$25,00

(((+1170001199263)))