

Division of Corporations

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**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 : GUZMAN & GUZMAN, P.A.  
 Account Number : 120080000090  
 Phone : (305) 670-1991  
 Fax Number : (305) 670-1993

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

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

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TALLAHASSEE, FLORIDA**

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**DADE 14 INVESTMENT LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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Electronic Filing Menu

Corporate Filing Menu

**APR 24 2014**

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**DADE 14 INVESTMENT 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 03/24/2010 and assigned Florida document number L10000032136.

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*

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 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>                      |
|--------------|-------------------------|--------------------------|--|
| MGR          | MENDES GOUVEIA, CLAUDIA | 9130 SOUTH DADELAND BLVD | <input type="checkbox"/> Add               |
|              |                         | STE 1509                 | <input checked="" type="checkbox"/> Remove |
|              |                         | MIAMI, FL 33156          |  |
| MGR          | ODELLA, RICARDO         | 6187 NW 167 ST           | <input checked="" type="checkbox"/> Add    |
|              |                         | H20                      | <input type="checkbox"/> Remove            |
|              |                         | MIAMI, FL 33015          |  |
|              |                         |                          | <input type="checkbox"/> Add               |
|              |                         |                          | <input type="checkbox"/> Remove            |
|              |                         |                          | <input type="checkbox"/> Add               |
|              |                         |                          | <input type="checkbox"/> Remove            |
|              |                         |                          | <input type="checkbox"/> Add               |
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|              |                         |                          | <input type="checkbox"/> Remove            |

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STATE OF FLORIDA  
SECRETARY OF STATE

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after  
the date this document is filed by the Florida Department of State)

Dated APRIL 22, 2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

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