

08/13/2013 10:58 3056701993

Division of Corporations

GUZMAN & GUZMAN PA

PAGE 01/04

Page 1 of 1

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 : I20080000090  
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: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KOMBI 7, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

AUG 14 2013  
J. BUTLER

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

KOMBI 7, 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 FLORIDA and assigned  
Florida document number L10000047990

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 "LLC."

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 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

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

| <u>Title</u> | <u>Name</u>        | <u>Address</u>                  | <u>Type of Action</u>                      |
|--------------|--------------------|---------------------------------|--|
| MGR          | CHIZZOLI, ALVARO A | 9130 S DADELAND BLVD SUITE 1509 | <input type="checkbox"/> Add               |
|              |                    | MIAMI, FL 33156                 | <input checked="" type="checkbox"/> Remove |
| MGR          | PG CONSULTING LLC  | 19304 SENECA AVE                | <input checked="" type="checkbox"/> Add    |
|              |                    | WESTON, FLORIDA, 33332          | <input type="checkbox"/> Remove            |
|              |                    |                                 | <input type="checkbox"/> Add               |
|              |                    |                                 | <input type="checkbox"/> Remove            |
|              |                    |                                 | <input type="checkbox"/> Add               |
|              |                    |                                 | <input type="checkbox"/> Remove            |
|              |                    |                                 | <input type="checkbox"/> Add               |
|              |                    |                                 | <input type="checkbox"/> Remove            |
|              |                    |                                 | <input type="checkbox"/> Add               |
|              |                    |                                 | <input type="checkbox"/> Remove            |
|              |                    |                                 | <input type="checkbox"/> Add               |
|              |                    |                                 | <input type="checkbox"/> Remove            |

13 AUG 19 AM 10:59  
STATE OF FLORIDA

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

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Dated AUGUST 9, 2013



Signature of a member or authorized representative of a member

CHIZZOLI, ALVARO A

Typed or printed name of signee

13 AUG 13 AM 10:59  
CHIZZOLI, ALVARO A