# L10000077807

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(2 -		<b>,</b>
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(Do	cument Number)	•
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer	
Special instructions to	rilling Officer.	

Office Use Only



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SECRETARY OF STATE

FILED

N. Cumgen JUN 2 - 2015

## COVER LETTER.

TO:	Registration Se Division of Cor			
CUDU	FOT	GHETZ	LLC	
SUBJ	ECT:	Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			JANICE CAYON	
			Name of Person	<del></del>
		BLA	CKLEDGER ENTITY BANK	
			Firm/Company	
		2330	PONCE DE LEON BLVD	
			Address	
		CORA	AL GABLES, FLORIDA 33134	
			City/State and Zip Code	
			ON@FLORIDACPA.COM to be used for future annual report notific	cation)
For fu	rther information c	oncerning this matter, please ca	·	
JANICE CAYON		'AYON	305 444- at ()	8800 Telephone Number
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION
OF 2015 JUN -1 AH 10: 29 **OF** 

SECRETARY OF STATE

	GHETZ, LLC		TALLAHASSEE,	FLORIDA
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears Liability Company)	on our records.)	,
e Articles of Organization for this Limited I	Liability Company	were filed on	07/23/2010	and assigned
s amendment is submitted to amend the fol	lowing:			
If amending name, enter the new name	of the limited liab	ility company her	<u>re</u> :	
				(0)
new name must be distinguishable and contain the	words "Limited Liabi	• •	•	obreviation "L.L.C."
nter new principal offices address, if applicable:		2330 PONCE DE LEON BLVD CORAL GABLES, FLORIDA 33134		
rincipal office address MUST BE A STRE	<u>ET ADDRESS)</u>	CORAL GABLL		
			<del>.</del>	
nter new mailing address, if applicable:		2330 PONCE DE LEON BLVD		
ailing address MAY BE A POST OFFICE	E BOX)	CORAL GABLES, FLORIDA 33134		
••				
If amending the registered agent and			our records, enter	the name of th
	WORLDWIDE	E CORPORATE AD DE LEON BLVD	MINISTRATORS LL	С
vistered agent and/or the new registered of New Registered Agent:	WORLDWIDE 2330 PONCE I	E CORPORATE AD DE LEON BLVD Enter Flori	OMINISTRATORS LL da street address	
Name of New Registered Agent:	WORLDWIDE 2330 PONCE I	E CORPORATE AD DE LEON BLVD		33134  Zip Code

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

## 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	JOAO C CONRADO 1925 BRICKELL AVE STE D205		□ Add
		MIAMI, FL 33129	■ Remove
			□ Change
MGR	MOEMA P FALLEIROS	1925 BRICKELL AVE STE D205	□ Add
		MIAMI, FL 33129	■ Remove
		-	☐ Change
MGR	JOAO C CONRADO	2330 PONCE DE LEON BLVD	<b>=</b> Add
		CORAL GABLES, FLORIDA 331	□ Remove
			□ Change
MGR	MOEMA P FALLEIROS	2330 PONCE DE LEON BLVD	<b>■</b> Add
		CORAL GABLES, FLORIDA 331	□ Remove
			Change
	-va-	_	Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

D. If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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(If an effect Note: If	e date, if other than the date of filing:	05.0207 (3)(t sted as the	<b>›</b> )	
f the reco b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 0th day after the record is filed.			
Dated	May 127 2015	ARSSET AND T	屋一	7111
	Signature of a member or authorized representative of a member	11/1	AM IO:	C
	Signature of a member of authorized representative of a member		D: 29	
	Typed or printed name of signee	-		