Florida Department of State ow) on the top and bottom of all pages of the document.

(((H130001734903)))



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 : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : I20000000019

: (305)552-5973

Fax Number

: (305)220-1440

**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 RAE 7 LATIN, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

ف

SElectionic Filing Menu

Corporate Filing Menu

Help

J. SAULSBERRY EXAMINER

AUG 0 6 2013

H13060173490

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RA | F | 7 | L | Δ1 | П | V. | 17 | C |
|----|---|---|---|----|---|----|----|---|
| | | | | | | | | |

(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 <u>08/10/2010</u> and assigned Florida document number <u>L10000083851</u>.

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 e designation "LLC" or the abbreviation "LLC." | end with the words "Limited Liability Company", the |
|---|--|
| Enter new principal officers address, if applic | able: |
| (Principal office address MUST BE A STREET A | |
| | |
| | nd/or registered office address on our records, enter the and/or the new registered office address here: |
| Name of New Registered Agent: New Registered Office Address: | |
| MEN KERISTALED CHICE WOOLESS! | |
| isem registaten Ottice variess. | Enter Florida Street Address |
| HEW KERISTELER CHICE Services. | 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 2

MCD - Managemen

H13000173490

C. 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:

| <u>le</u> | Name | <u>Address</u> | Type of <u>Action</u> |
|---------------------|---|--|---|
| | | - | |
| IGR | MARIA A. CHAVEZ | 5056 NW 74 th Avenue Mlami, ft. 33166 | ()Add (X)Remove |
| | | | • • • • • • • |
| AGR | CRISTINA TORRES | 4515 NW 72 nd Avenue, Ste 111 | |
| | | Miami, FL 33166 | ()Remove |
| | | | ()Add |
| | | | ()Remove |
| | • | | |
| | | | ()Add |
| | | | ()Remove |
| | | | • |
| | | | ()Add ()Ramove |
| | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | • | | |
| • | | | ()Add ()Remove |
| | | | • |
| D. If ame | ending any other information, enter cha | ange (s) here: (Attach additional sheets, if necessi | |
| | | | 2013 |
| ٧. | | | ALIG |
| | | | (5) |
| | | | 3, . |
| <u></u> | · · · · · · · · · · · · · · · · · · · | | |
| ated: <u>08/05/</u> | 2013 | | 31VIE 04:8 |
| | / /- | - 1 No. | · ' 💍 |

Page 2 of 2

(Typed or printed name of signee)

H13000173490

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me today <u>August 5, 2013</u>, at Miami, FL by Ms. Marta I. Torres Correcha, who <u>presented</u> her FDL as identification.

Notary Public - State of Florida

My Commission Expires:



2013 AUG -5 AM 8: 40

71300017**349**0