

L10000106743

(Requestor's Name)

(Address)

(Address)

(City/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Entity Name)

(Entity Number)

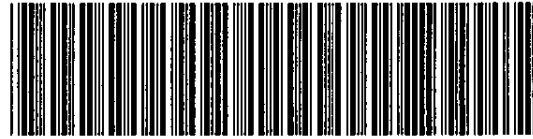
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12 APR 16 PM 2:34
SUBURBAN OFFICE OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
APR 17 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ESAFIN, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arturo Yero, Esq
Name of Person
Law Offices of Arturo Yero
Firm/Company
782 NW 42nd Ave Suite 350
Address
Miami, Florida 33126
City/State and Zip Code
arturoyero@ayerolaw.com
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
TALLAHASSEE

12 APR 16 PM 2:37

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For further information concerning this matter, please call:

Arturo Yero, Esq at (305) 444 0884
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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
ARTICLES OF ORGANIZATION
OF**

ESAFIN, L.L.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 October 11, 2010 and assigned Florida document number ~~L100000106743~~

L10000106743

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

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)

5805 Blue Lagoon Dr. Suite 200
Miami, Florida 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Arturo Yero, Esq
782 NW 42nd Ave Suite 350
Miami, Florida 33126

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: n/a

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	Guy Kochvar	782 NW 42nd Ave Suite 350 Miami, Florida 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Isaura Buitrago	1414 NW 107 Ave Suite 207 Miami, Florida 33172	<input type="checkbox"/> Add <input checked="" 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

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

Dated _____, _____.

Guy Kochvar

Signature of a member or authorized representative of a member

Guy Kochvar (authorized representative)

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA