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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| , |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to Filing Officer. |
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Office Use Only



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SECRETARY OF STATE TALLARASSEE, FLORIDA

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T. HAMPTON

COVER LETTER

| TO: Registration Se Division of Cor | ction porations | | |
|-------------------------------------|---|--|---|
| SUBJECT: | EWIER LLC Name of Limit | ed Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | EDGARD | O WIENZBA, Name of Person | |
| | <u>GEWIE</u> | Pirm/Company | |
| | 723 Sw | 6th STREET #1 | |
| | HALLANDALE | BEACH FZ 3300 City/State and Zip Code | 9 |
| | DANNY HARKAT | be used for future annual report notification | on) |
| For further information co | oncerning this matter, please ca | ill: | |
| DANIEL HAN | 2KATZ Person | at (305) 528-411 Area Code & Daytime Te | 3 lephone Number |
| Enclosed is a check for the | ne 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

| | ER UC | |
|--|---|--|
| (Name of the Limited L. (A F | iability Company as it now appears on our reco lorida Limited Liability Company) | ords.) |
| The Articles of Organization for this Limited Liab Florida document number | | and assigned |
| This amendment is submitted to amend the follow A. If amending name, enter the new name of the | he limited liability company here: | FILE 2013 NOV 19 PI SECRETARY OF TALLAHASSEE. |
| The new name must be distinguishable and end with to "L.L.C." | | nation ALC" of the attoreviation |
| Enter new principal offices address, if applicab | | · |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u> </u> | |
| B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: | registered office address on our records, ce address here: | , enter the name of the new |
| New Registered Office Address: | | |
| THE PERIOD OF THE PROPERTY. | Enter Florida s | treet address |
| | Fit | orida |
| | 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 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> | Name | Address | Type of Action |
|--------------|-------------------|---|------------------|
| MGR | EDGARDO R WIERZBA | 723 SW 6th STREET #1 | Add |
| | | HALLANDALE BEACH, FL 33009 | Remove |
| | | | |
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| | | SECRETARY OF STATE TALLIAHASSEE, FLORIDA | Add OV Remove |
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| NOVEMBER 7th, 2013. | |
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| ge . | |
| Signature of a member or authorized represe | stative of a member |

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Filing Fee: \$25.00

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