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Division of Corporations

P. 001/005

L10000116142

Florida Department of State  
Division of Corporations  
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December 30, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

APB AMERICAN GROUP, LLC  
5252 PASEO COND UNIT 1405  
DORAL, FL 33166

SUBJECT: APB AMERICAN GROUP, LLC  
REF: L10000116142

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

FAX Aud. #: H15000305726  
Letter Number: 615A00027143

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15 DEC 30 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

APB AMERICAN GROUP, 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 11/08/2010 and assigned Florida document number L10000116142.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5252 PASEO COND UNIT 1405

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33166

Enter new mailing address, if applicable:

5252 PASEO COND UNIT 1405

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33166

**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:

CHANGE OF ADDRESS

New Registered Office Address:

5252 PASEO COND UNIT 1405

*Enter Florida street address*

DORAL

Florida 33166

*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 605, 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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ingrid Yanire Infante	7760 NW 46 CT	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Alexander Jose Aumaitre Alvarez	5252 PASEO COND	<input type="checkbox"/> Add
		UNIT 1405	<input type="checkbox"/> Remove
		DORAL, FL 33166	<input type="checkbox"/> Change
MGRM	Fabio Antonio Centeno Dos Ramos	5252 PASEO COND UNIT 1405	<input checked="" type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Nehomar Agustin Loreto Rodriguez	5252 PASEO COND UNIT 1405	<input checked="" type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Carlos E. Plasencia	5252 PASEO COND UNIT 1405	<input type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

15 DEC 30 AM 9:28  
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15 DEC 30 AM 9:28  
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated DECEMBER 29TH 2015

x  Signature of a member or authorized representative of a member  
CARLOS PLASENCIA  
Typed or printed name of signer