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(Ci	ty/State/Zip/Phone	e #)
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S. YOUNG

COVER LETTER

		stration Sect sion of Corpo							
em rec		CENPU I LL	.c						
SUBJEC			Name of Lim	ited Liability Compar	ny				
The enclo	osed	Articles of A	mendment and fee(s) are sub	mitted for filing.					
Please re	turn .	all correspond	dence concerning this matter	to the following:					
			GABRIELA M. CENTEN	o					
				Name of Person	on				
			CENPU I LLC						
				Firm/Compar	Py		- -		
			14601 SW 143 CT				i		
				Address			ALL SECI	5	
			MIAMI, FLORIDA 33186	5			社会)30	77
				City/State and Zip	Code		-SSE	21	
			gmcenteno@cenpu.com					-0	
For furth	er in	formation cor	E-mail address: (neerning this matter, please c	to be used for future a	annuai report nouric	ation)	ORBA	4: 25	
GABRIE	LA	CENTENO		786 at (319-1969)			.	
		Name of I	Person	Area Cod	e Daytime T	Telephone Numbe	er		
Enclosed	l is a	check for the	following amount:						
\$25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional cop	ppy	Certifie	ate of St	atus &	

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

CENPU I LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on 02/08/2011 and assigned
Florida document number L11000016358	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	vility 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)	
Enter new mailing address, if applicable:	FILL OEC 21 CRETARY LAHASSES
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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>	Type of Action
MGRM	CENPU LLC	14601 SW 143 CT MIAMI,	Add
		FLORIDA 33186	□ Remove
		EIN # 27-3318195	Change
			□ Add
			☐ Remove
			☐ Change
			MAKE AND THE SECOND PROPERTY OF THE SECOND PR
/		/	AHASSI Remove
			Change
	/	_ /	Change Ch
		/	☐ Remove
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If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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F f faat	ive date, if other than the date of filing(optional):
lf an efl <u>Note:</u>	Fective date, it office than the date of filing. (optional) Pursuant to 605.0207 for the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	DECEMBER 17 , 2015 .
	Signature of a member or authorized representative of a member
	GABRIELA M. CENTENO

Page 3 of 3

Filing Fee: \$25.00