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SECRETARY OF STATE

K.BALY EXAMINER APR 4 2012

## **COVER LETTER**

Division of Co	rporations					
SUBJECT:	CYCC	CYCC GANDO, LLC				
		ted Liability Company	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		SIMONE OLIVEIRA		_		
		Name of Person				
	AMERICA EXPERT CORPORATION					
		Firm/Company				
	407 NW 10TH TERRACE					
		Address		-		
	HALLA	NDALE BEACH, FL 3	3009			
	City/State and Zip Code					
	Simone@americaexpert.com E-mail address: (to be used for future annual report notification)					
For further information of	concerning this matter, please c	all:				
	ONE OLIVEIRA of Person	at (_305 )	824-9100			
Name (	or Person	Area Code & I.	Daytime Telephone Numbo	r,		
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certifie	ate of Status &		

## MAILING ADDRESS:

TO:

**Registration Section** 

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

FILED' 12 APR -3 PM 2: 08

CYCC GAN	NDO, LLC	SECI Tali	REMARY OF STATE
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears Liability Company)	on our records.	RELIARY OF STATE AHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on	05/27/2011	and assigned
Florida document numberL11000062494			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	407 NW 10TH TERRACE		
(Principal office address MUST BE A STREET ADDRESS)	HALLANDALE BEACH, FL 33009		
			_
Enter new mailing address, if applicable:	407 NW 10TH	TERRACE	
(Mailing address MAY BE A POST OFFICE BOX)	HALLANDALE BEACH, FL 33009		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ır records, <u>enter t</u> h	ne name of the new
Name of New Registered Agent:			<del> </del>
New Registered Office Address:	Ente	r Florida street addr	ess
<del></del>	City	, 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 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> <u>Name</u> **Address Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove Remove □Add Remove Remove **D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 29 2012 Dated Signature of a member or authorized representative of a member CELSO GANDO

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00