L11000078958

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SECRETARY OF STATE
AND ANASSEE FOR IDA

FEB 2 5 2016 J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor			* * * * * * * * * * * * * * * * * * *
~~~		SOCIATES GROUP, LLC		
SUBJE	СТ:	Name of Lim	ited Liability Company	<del> </del>
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		CARLOS GIL		
			Name of Person	<del> </del>
			Firm/Company	
		3910 WEST FLAGLER S	TREET	
			Address	
		MIAMI, FLORIDA 33135		
		CARLOS@CARLOSAGIL	City/State and Zip Code .PA.COM	
		E-mail address: (	to be used for future annual report notific	cation)
For furth	ner information c	oncerning this matter, please ca	all:	
CARLC	OS GIL		305 443-2525	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for th	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

## TO ARTICLES OF ORGANIZATION OF

	Company as it now appears on or imited Liability Company)	alany
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned
Florida document number <u>L11000078958</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	SS)	
		Ps 5
		The second secon
Enter new mailing address, if applicable:		23 23 E
TARREST AND A POST OF THE POST		Fig. 3 M
Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX)		5 5
		12: 53 FLORRIDE
B. If amending the registered agent and/or register	red office address on our	12: 53 FLORRIDE
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address to the new registered office address to the new registered office address to the new registered of	red office address on our	12: 53 FLORRIDE
3. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	red office address on our ss here:	12: 53 FLORRIDE
3. If amending the registered agent and/or registeregistered agent and/or the new registered office addre	red office address on our ss here:  Enter Florida stre	records, enter the name of the
3. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ss here:	records, enter the name of the
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	ss here:	records, enter the name of the
3. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	Enter Florida stre	records, enter the name of the  et address  _, Florida

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	EVELYN CABRERA	16025 W PRESTWICK PLACE	■ Add
		MIAMI LAKES, FL 33014	☐ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
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Note: If the date inserted in this blo document's effective date on the De	the specific and cannot be prior to date of filing or moock does not meet the applicable statutory filing epartment of State's records.  I effective date, but not an effective tite	requirements, this date will not be listed as the
Dated	$\frac{2016}{200}$ .	TALLAHA SEGRET
<u> </u>	Signature of a member or authorized representative of	fa member $\frac{1}{12}$ $\frac{1}{12}$ $\frac{1}{12}$
CATALINA LAGO		Tes In
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00