## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : CLARA GIRALDO, P.A.

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Fax Number : (305)485-1098

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EXAMINER

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO RTICLES OF ORGANIZATION

OF	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	Dears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	07/12/2011 and assigned
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 end with the words "Limited Liability Co 'L.L.C."	mpany," the designation "LLC" or the abbreviation
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	P. (A) BEN
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Enter new mailing address, if applicable:	ာက္ကို <b>ပ</b> က္ ႏို
Mailing address MAX BE A POST OFFICE BOX)	
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k. If amending the registered agent and/or registered office address o egistered agent and/or the new registered office address here:	n our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Terra cultaba

ew 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 he 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 heing 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

lf amendi: or Manaci	ng the Managers or Managing Member ing Member being added or removed fr	s on our records, <u>enter the title, name, and add</u>	ress of each Manager
MGR = M		H12000264300	3.
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	Rivas HENAD, David	MAN, FL: 33193	
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D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary)  AUD \( \frac{FOID}{FOID} = \frac{1}{A}	
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