## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PAUL SALVER, P.A. Account Number: I20020000087 Phone : (954) 389-1333 Fax Number : (954)389-1397

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHORT SALES OBP, LLC

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: HAMPTONS

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

	OF	55 - CO 1
SHORT SALE	S ORP !! C	
	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
(А	Florida Limited Liability Company)	105 A: 3
The Articles of Organization for this Limited Liab	ility Company were filed on 7/20/11	7: 38 FLORIDANI assigned
Florida document number L11000083554		-> •
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	c limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	shbreviation "L.L.C."
Enter new principal offices address, if applicabl		
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		<u> </u>
B 76 N N N N		
B. It amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter address here:	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		··
	Enter Florida street address	
-	, Florida	Zip Code
	City	LIP 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

05/18/2015 09:55 9543891397

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 Mcmber

Title .	<u>Name</u>	Address	Type of Action
MGR	RAMIREZ, IVAN	2875 NE 191 ST - STE 801	
			Remove
		AVENTURA, FL 33180	☐ Change
AP	VANESSA PIEDRAHITA	2721 EXECUTIVE PARK DRIVE	
		SUITE 4	🗆 Remove
		WESTON, FL 33331	Change
MGR	ARELLANO, HECTOR	2875 NE 191 ST - STE 801	□ Add
-		AVENTURA, FL 33180	≅ Remove
			☐ Change
MGR	DIAZ-SARMIENTO, GABRIEL	5600 SW 135 AVE., 202A	□ Add
		MIAMI, FL 33183	■ Remove
			□ Change
			Add 15 H Add 18 Remove
			Change

. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)	
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Note: I docume	ce date, if other than the date of filing:	date will not be listed	i as the
	May 14 1 2015		
Dated_	7104	15 M SEC FALL	'ave
		THE T	4 1
	Signature of a member or nuthorized representative of a member	्राक्ति <b>क</b> शुक्ति क	gregation 1
	VANESA PIEDRAHITA		] # { 
	Typed or printed name of signed	7: 3 STAT ELOR	House
	Page 3 of 3	1: 38 TATE ORIDA	
	Filing Fee: \$25.00		