

NOV/13/2014/THU 11:29

11/13/2014

P.001

L11000094711

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CENTRO CORPORATIVO DE NEGOCIOS MIAMI, FL, LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CENTRO CORPORATIVO DE NEGOCIOS MIAMI, FL, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08-17-2011 and assigned
Florida document number L11000094711

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 Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	UNION DE EJIDOS AV BC	8851 NW 110TH PLK# 1407	☐ Add
		DORAL, FL 33178	☒ Remove
MGR	MANUEL E ZAPOT CRUZ	8851 NW 110TH PL # 1407	☐ Add
		DORAL, FL 33178	☒ Remove
MGR	JONATHAN M. RESTREPO	8851 NW 110TH PL # 1407	☐ Add
		DORAL, FL 33178	☒ Remove
MGR	FLOR M. CRUZ MAULEON	8851MW 110TH PL #1407	☒ Add
		DORAL, FL 33178	☒ Remove
			☐ Add
			☒ Remove
			☐ Add
			☒ Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
NOV 13 AM 44

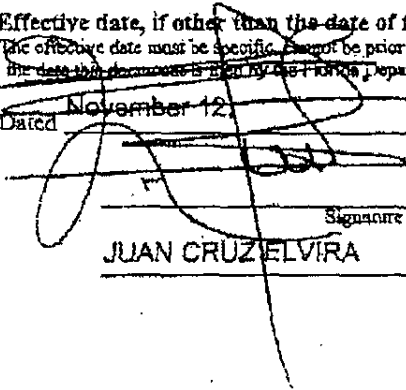
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific. It cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 12, 2014



Signature of a member or authorized representative of a member

JUAN CRUZ ELVIRA

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV 13 AM 9:44

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