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To:

Division of Corporations

Fax Number

: (850)617-6383

from:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : 120130000076

Phone : (305)388-7028

Fax Number : (305) 479-2705

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

".J

Email	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRUPO DAROMAR, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRUPO	DAROMAR, LLC	
(Name of the Lin	ited Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Florida document number	1/2011 and assigned	
This amendment is submitted to amend the fo	lowing:	
A. If amending name, enter the new name	_	<b>:</b>
N/A		
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		<b>9</b> 8 8 8
		9
B. If amending the registered agent and registered agent and/or the new registered of		ur records, <u>enter the name of the new</u>
Name of New Registered Agent:	1.00	
New Registered Office Address:	Enter Florida	street address
		-
	City ;	, Florida
New Dogistavad Agantie Signature if shought		any wond

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 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 Member

<u>Title</u>	Name	Address	Type of Action
MGR	TIM SUAZO	7951 RIVIERA BLVD.	<b>=</b> Add
		SUITE 210	☐ Remove
	•	MIRAMAR, FL 33023	☐ Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
		**	Change
			Remove
			Change Sign
			FILED ARY OF SORPO
<del></del>			□ Rederve AND
			Change
			□ Remove

...: