

JUL/20/2018/FRI 04:17 PM

LAW OFFICES

FAX NO. 305-444-0786

PAGE 001

LI000102536

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000210700 3)))



H180002107003ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARTURO YERO P.A.

Account Number : I20150000125

Phone : (305)444-0884

Fax Number : (305)444-0786

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

Email Address: arturoyero@ayeeelaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ILUSIONES, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

B FIGUEROA

JUL 23 2018

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

H18000210700 3

CONCLUSIONES, 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 09/07/2011 and assigned
Florida document number L11000102538

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1850 Homewood Blvd Apt 204

(Principal office address MUST BE A STREET ADDRESS)

Delray Beach, FL 33445

Enter new mailing address, if applicable:

1850 Homewood Blvd Apt 204

(Mailing address MAY BE A POST OFFICE BOX)

Delray Beach, FL 33445

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 addressCityFloridaZip 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

H18000210700 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Daniel Bendayan	4700 NW 102nd Ave Apt 102	<input type="checkbox"/> Add
		Doral Fl 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Reinaldo Muniz	1850 Homewood Blvd Apt 204	<input checked="" type="checkbox"/> Add
		Delray Beach, Fl 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H18000210700 3

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)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

Reinaldo Muniz

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

H18000210700 3