## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Email	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PENINSULA STECAR LLC

Certificate of Status	1
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PENINSULA STECAR LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	mpany)
The Articles of Organization for this Limited Liability Company were filed	d on 9/14/11 and assigned
Florida document number L11000105366	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	oy," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	₹ <b>20</b> 1
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Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬
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B. If amending the registered agent and/or registered office address bere:	ress on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
E	nter Florida street address
	, Florida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

New Registered Agent's Signsture, 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	GABRIEL S. DIAZ-SARMIENTO	5600 SW 135 AVE.	
		202A	■ Remove
	·	MIAMI, FL 33183	☐ Change
AP	VANESSA PIEDRAHITA	2721 EXECUTIVE PARK DRIVE	
		SUITE 4	☐ Remove
		WESTON, FL 33331	☐ Change
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