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.

(((H150001199043)))



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

Erom:

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

: (954)389~1397 Fax Number

**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 SALENA HOLDING LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

FAY 1 9 2315

HAMPTOL

至然

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF		***
SALENA HO	OLDING LLC	F-78	geran. Section
	lity Company as it now appears on our de Limited Liebility Company)	reenrds (27)	H Anguer H
The Articles of Organization for this Limited Liability	Company were filed on 9/14/11	7.00	
Florida document number L11000105413			
This amendment is submitted to amend the following:		-	
A. If amending name, enter the new name of the lin	nited liability company here:		Timed &
Fig. company and the state of t	24 17 11 12 A		
	miled Liability Company," the designatio	a "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			—
<u> Principal office address MUST BE A STREET ADD</u>	<u>PRESS)</u>		
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg		ecords, enter the name of the	e new
registered agent and/or the new registered office ad	dress here:	y here: the designation "LLC" or the abbreviation "L.L.C."	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	
		Florida	
	City		

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>	<u>Name</u>	Address	Type of Action
MGR	GABRIEL S. DIAZ-SARMIENTO	5600 SW 135 AVE.	Add
		202A	■ Remove
		MIAMI, FL 33183	□ Change
AP	VANESSA PIEDRAHITA	2721 EXECUTIVE PARK DRIVE	
		SUITE 4	□ Remove
		WESTON, FL 33331	☐ Change
			□ Add
			□ Remove
			☐ Change
			Remove
	<u> </u>		Add FT S Remiève
			⊃ □ Change
			DAdd
			☐ Remove

If amending any other inform	ation, enter change(s) here: (Attach additional sh	neets, if necessary.)
		-
		<u>,, , , , , , , , , , , , , , , , , , ,</u>
		· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the office of the date is listed, the date in Note: If the date inserted in this document's effective date on the	the date of filing: nust be specific and cannot be prior to date of filing or more that block does not meet the applicable statutory filing requ Department of State's records.	n 90 days after filing.) Pursuant to 605.0207 irements, this date will not be listed as t
ne record specifies a delay The 90th day after the re	ed effective date, but not an effective time, ecord is filed.	at 12:01 a.m. on the earlier of
Dated May 15	7015	TALLES TABLES
	Signature of a member or authorized representative of a m	and the same of th
	•	
	VANESA PIEDRAHITA Typed or printed name of signee	TO N
	, , , , , , , , , , , , , , , , , , ,	7: 43 FI ORID
	Page 3 of 3	ē _ω ω

Filing Fee: \$25.00