Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS, INC.

Account Number: 120120000058 Phone: (305)438-7671 Fax Number: (866)895-8710

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

Email Address: <u>EOUKA76 Ogol.com</u>

4 NOV 12 AN IO: OO HEAD OF CONTROLAL FORHATION SERVICES LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
YACIRETA LLC

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\$25.00

FILED PH 2: 45

Electronic Filing Menu

Corporate Filing Menu

Help

K. BALY EXAMINER

NOV 1 3 2014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



YACIRETA 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
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 "L.L.C."
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
, Florida
City 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 = M $AMBR = A$	Anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGRM	IGNACIO KRASOVITZKY	20900 NE 30TH AVE STE 817	Add
		AVENTURA, FL 33180	Remove
MGRM	ALFREDO KRASOVITZKY	20900 NE 30TH AVE STE 817	
		AVENTURA, FL 33180	Remove
			Add
	·		Remove
		AS S T C	To the same
			700
			Add
·-			Add
	•		Remove

date, if other than the date of filing:	(optional)
JOVEMBER 11 2014	an 90 days after thing.) (003.0
e date is listed, the date must be specific and cannot be more the	an 90 days after filing.) (605
VOVENBER 11 , ZO14	
	entaly
Signature of a member or authorized represen	entaly entre Ly

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA