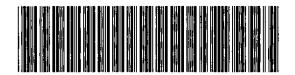
L11000118960

(Re	equestor's Name)	
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AUG 05 2014 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations

ARG CORPORATE SERVICES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ricardo A. Gonzalez

GONZALEZ LAGE, P.A.

8750 N.W. 36 Street, Suite 425

Miami, FL 33178

City/State and Zip Code

ricardo@glflLaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pattie Royo/Ricardo Gonzalez at (305) 591-8844

Name of Person Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARG CORPORATE SERV			
(Name of the Limit	ed Liability Company (A Florida Limited Lia	v as it now appears on our recor- ability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Li Florida document number L11000118960	ability Company w	vere filed on 10/18/2011	and assigned
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	f the limited liabili	ity company here:	
The new name must be distinguishable and end with the	words "Limited Liabili	ty Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			三三三
			1 Trans
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/ registered agent and/or the new registered of			s, enter the name of the nev
Name of New Registered Agent:	GONZALEZ	LAGE, P.A.	
New Registered Office Address:	vistered Office Address: 8750 N.W. 36 Street, Suite 425		
New Anglistered Office Actives.		Enter Florida street addre	ss
	Miami	, F	orida <u>33178</u>
		City	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the	er and complete p stered agent as pr	erformance of my duties, a covided for in Chapter 605	nd I am familiar with and F.S. Or, if this document is

Page 1 of 3

Il Chynging Registered Agent, Signatur of New Registered Agent

company has been notified in writing of this change.

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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Actio
			Add
			□ Remove
			<u> </u>
			Add
			Remove
			Z D Add?
			□ Remove
		<u></u>	Add
			Remove
			Add
		<u></u>	□ Remove

f amending any other information, enter change(s) here: (Attach additional	, y ,,,
ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be made this document is filed by the Forida Department of State)	(optional) ore than 90 days after
Dated July 29 2014	
11/11/4/2	
Signature of a member or an borized representative of a Ricardo A. Gonzalez, Manager	member

Page 3 of 3

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Filing Fee: \$25.00