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2019 JAN 14 AN 11: 44
SEGRETARY OF STATE
TAIL AND SSEE FLORIDA

N. Culligan JAN 15 2013

Cover Letter

Roy MUSORF

22210 CARKSPUR Trail

BOCA RATON Recrider 33433

Phone # 5014178322

Document # L/100013587/

Amendment-Remove De Delaguerra.

Thank year

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Press Docs, Name of Limite	PLLC ed Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Roy Y	NUSOFF MO Name of Person	
	Expre	Firm/Company	
	22210 C	ARRSPUN Trail	<u> </u>
	BOCA R	A for Florida City/State and Zip Code MAY PAOLICO be Used for future annual report notificat	33433 m
For further information c	oncerning this matter, please ca		ion
Name o	MUSOIF F Person	at (501) 417832 Area Code & Daytime To	elephone Number
Enclosed is a check for the	ne 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

FILED

2013 JAN 14 AM 11: 44

Express (Name of the Limited Li	Docs, 7	LLC Trow appears on ou	EALLARAS	SEE, FLORIDA
(Name of the Limited L. (A F	lorida Limited Liability	Company)	ir records.)	
The Articles of Organization for this Limited Liab	oility Company were : 58기 /	filed on <u>i 2 - C</u>	01-2011	and assigned
This amendment is submitted to amend the follow	/ing:			
A. If amending name, enter the new name of the	he limited liability co	ompany here:		
The new name must be distinguishable and end with the "L.L.C."	the words "Limited Lia	bility Company," the	e designation "LLC"	or the abbreviation
Enter new principal offices address, if applicab	ole:			= 10 11 11 11 11 11 11 11 11 11 11 11 11
(Principal office address MUST BE A STREET	ADDRESS)			<u>-</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		ddress on our rec	cords, <u>enter the 1</u>	name of the new
Name of New Registered Agent:				
New Registered Office Address:				,,
		Enter Flo	rida street address	
			, Florida	". C. I.
	City	,	Z	ip 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
DR.	Ramiko Delaguerra	BOCA PLATEN PL 33433	Add
		50CH 10F721 P(35435	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			_

If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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,	1-10-13
d	,
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

