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APR 23 2014 T CLINE MILEOROL PHID

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ricardo M. Garrido Ibarra Name of Person
	PJT Divect, LLC - Firm/Company
	8571 Sw. 29" St. 128 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Miami, FL 33155 City/State and Zip Code Vitaire A O amail Com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Bi	Name of Person
Enclose	ed is a check for the following amount:
∵ \$2:	5.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$\$\$\$ Certified Copy (additional copy is enclosed)}\$\$\$ 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

(Name of the Limited Lie (A Flo	ability Company orida Limited Lia	as it now appears on o	ur records.)		
The Articles of Organization for this Limited Liability Florida document number		ere filed on	त्र <i> बड ब</i> ०	and assigne	d
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liabili	ty company here:			
The new name must be distinguishable and end with the words	"Limited Liabili	ty Company," the design	ation "LLC" or the	abbreviation "L.L.C	
Enter new principal offices address, if applicable:		8571	SW 2	97nSt_	
(Principal office address MUST BE A STREET AL	DDRESS)	mian	ni FL =	39122	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	8571 Miar	SW. 2º ni, FL 3	33 STATE	
B. If amending the registered agent and/or registered agent and/or the new registered office a		ce address on our	records, enter	the name of t	<u>he nev</u>
Name of New Registered Agent:	Bicar	do M. Ga	rrido J	barra	
New Registered Office Address:	8:	571 SW. a	eet address		
_	mia	City	, Florida	33155 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

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Title Name **Address** Prichard Garrido 4190 E. 9th Ct. DAdd Hialean, FL 33013 □ Add □ Remove S ²□ Add ☐ Remove _□ Add ☐ Remove □ Add ☐ Remove

' If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

1212 21	
e effective date must	ther than the date of filing:
e effective date must be date this document	ther than the date of filing:
e effective date must be date this document	be specific, cannot be prior to date of receipt or Med date and cannot be more than 90 days after is filed by the Florida Department of State)
e effective date must be date this document	be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State) 3014 Signature of a member or authorized representative of a member
e effective date must e date this document	be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State)

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Filing Fee: \$25.00

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