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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|---------|--|--------------------------|
| SURJI | Papyrus Depot LLC | |
| 5020 | Name of Limited Liability Company | |
| | closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: | |
| | Juan Guzman | |
| | Name of Person | |
| | Papyrus Depot | |
| | Firm/Company | |
| | 2000 NW 95th Av | |
| | Address | |
| | Miami, FL 33172 | T. 2 |
| | City/State and Zip Code | |
| | isabel@papyrusdepot.com | 2014 MR 14 - SEGGETAN |
| | E-mail address: (to be used for future annual report notification) | - 39 字 |
| For fur | ther information concerning this matter, please call: | |
| Jua | an Guzman _{at} 305 _, 5912732 | PH : 43 |
| | Name of Person Area Code Daytime Telephone Number | <u> </u> |
| Enclose | ed is a check for the following amount: | |

•

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fce & 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**

| (Name of the Limited (A | Liability Compa Florida Limited | iny as it now appears on our recor Liability Company) | rds.) |
|--|------------------------------------|--|------------------------------------|
| The Articles of Organization for this Limited Liab Florida document number L11000144938 | oility Company | were filed on 12/28/201 | 1 and assigned |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of the | he limited liab | ility company here: | |
| The new name must be distinguishable and end with the wo | ords "Limited Liab | oility Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | ole: | 2000 NW 95th Av | 78.5 |
| (Principal office address MUST BE A STREET | ADDRESS) | Miami, FL 33172 | |
| Enter new mailing address, if applicable: | | 2000 NW 95th Av | |
| Mailing address MAY BE A POST OFFICE BO | <u>0X)</u> | Miami, FL 33172 | 50 5 |
| B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: | | <u>e</u> : | ds, <u>enter the name of the n</u> |
| | 92 SIM 3r | d St Apt 4306 | |
| New Registered Office Address: | 32 GVV 310 | Enter Florida street addre | ess |
| New Registered Office Address. | | | |
| New Registered Office Address. | Miami | T. | _{Torida} 33130 |

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.

Page 1 of 3

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 $AMBR = A$ | lanager .uthorized Member | | |
|--------------------|------------------------------|------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Amircal J Lusinchi | 3200 NW 119th St | |
| | | Unit D | ■ Remove |
| | | Miami, FL 33167 | |
| AMBR | Francisco J Trujillo | 14550 SW 74th St | |
| | | Miami, FL 33183 | ■ Remove |
| | | | Add Remove |
| | | | □ Add |
| | | | □ Remove |

| Article III Shall now re | ead "All lawful business" |
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| effective date must be specific, cannot be prior to | date of receipt or filed date and cannot be more than 90 days after |
| effective date must be specific, cannot be prior to date this document is filed by the Florida Departm | date of receipt or filed date and cannot be more than 90 days after |
| ective date, if other than the date of fili effective date must be specific, cannot be prior to date this document is filed by the Florida Department March 11th | date of receipt or filed date and cannot be more than 90 days after nent of State) |

Page 3 of 3

Filing Fee: \$25.00