

L12000003228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2016 JUN 17 A 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren  
JUN 20 2016

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: EXPANSION GROUP, 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:

ANGEL GUERRA

Name of Person

GUERRA ACCOUNTNG SERVICES, PA

Firm/Company

7105 SW 8 STREET SUITE 203

Address

MIAMI, FL 33144

City/State and Zip Code

Accounting\_guerra@att.net

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

For further information concerning this matter, please call:

Angel Guerra 786 488-7973  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

EXPANSION GROUP, 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 01/09/2012 and assigned  
Florida document number L12000003228.

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 contain 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: ANGELGUERRA

New Registered Office Address: 7105 SW 8 STREET SUITE 203

*Enter Florida street address*

MIAMI, Florida 33144

*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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARLOS SOLACHE	6870 SW 169 STREET MIAMI, FI	<input type="checkbox"/> Add
		33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ROGELIO SOLACHE	6870 SW 169 STREET MIAMI, FL	<input type="checkbox"/> Add
		33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	RAFAEL SOLACHE	6870 NW 169 STREET MIAMI, FI	<input type="checkbox"/> Add
		33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JAVIER PEREZ	6870 NW 169 STREET MIAMI, FI	<input type="checkbox"/> Add
		33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Alfredo Guillen Olivares	17000 NW 67 Avenue Apt 208	<input checked="" type="checkbox"/> Add
		Hialeah, FL 33015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

6/16, 2016.

*Carl Schenck*

Carlos Solache

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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