Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VARGAS, PIEDRA & CO.

Account Number : I20070000148 Phone : (305)671-0003 Fax Number : (305)671-6263

**Enter the email address for this business entity to be used for Fagure annual report mailings. Enter only one email address please.*\$

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 900 OFFICES 701-702-703, LLC

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D. BRUCE

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EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

900	OFFICES 70)1-702-703, LLC			
(Name of the Limite	<u>d Liability Compa</u> A Florida Limited I	ny as it now appears on our liability Company)	records.)		
		•			
The Articles of Organization for this Limited L	iability Company	were filed on FEBRU	ARY 9, 2012	2 and assig	ned;
Florida document numberL1200001	9509		,		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liat	ojijty company bere:			
	N/A	4			•
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the	designation "L	LC" or the ab	breviation
Enter new principal offices address, if applicable:		9100 S DADELAND	BLVD		
(Principal office address MUST BE A STREET ADDRESS)		STE 912		SE	7
		MIAMI, FL 33156		CR6	羽
				TAS	-
Enter new mailing address, if applicable:		9100 S DADELAND	BLVD_	RY SE:	<u>- </u> =
(Mailing address MAY BE A POST OFFICE BOX)		STE 912		CF.	
		MIAMI, FL 33156		O: O:R	,
			·····	10 July 36	
B. If amending the registered agent and			ords, <u>enter ti</u>	te name of	the new
registered agent and/or the new registered of	ffice address her	<u>:e</u> :			
	DIEDO A A	00.004.04			
Name of New Registered Agent:	PIEDRA &	CO CPA PA			
New Registered Office Address:					
-	Enter Florida street address				
	<u> </u>	MIAMI	, Florida	33156	
		City	·	Zip Code	
NO. But and American St. of the American	D 14 14 4				

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. Qr., if this document is heing 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

MGR = Manager

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:

MGRM = Managing Member Title <u>Name</u> Address. Type of Action MGR Dayan, Nicolas ☐ Add

☑ Remove 2560 NE 190 ST - #3 AVENTURA EL 33180 Bayard Consultance Inc. MGRM 9100 S. Dadeland Blvd. 🚺 Add 🔲 Remove Ste 912 Miami, FL 33156. ☐ Add ☐ Remové ☐ Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A December 5 Dated__ Signature of a member or authorized representative of a member The A COCPE
Typed or printed name of signee

Page 2 of 2

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