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SECRETARY OF STATE

D. BRUCE

SEP 18 2012

EXAMINER

COVER LETTER -

TO:	Registration S Division of Co			٠.			
SUBJECT:			REEZER LLC		-		
		Name of Lim	ited Liability Company				
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please	return all corresp	condence concerning this matte	r to the following:				
		Ca	arlos J. Villanueva, Es	q	_		
			Name of Person				
	Carlos J. Villanueva, P.A.						
	Firm/Company				_		
	305 Alcazar Avenue, Suite 3						
	Address						
	Coral Gables, Florida 33134			SE.	12		
		City/State and Zip Code			SEP		
		E-mail address: (illanueva@unaley.con to be used for future annual rep	notification)	. TAR		717
For fur	ther information	concerning this matter, please	•	,	Y OF S	7 AH II: 37	
	Carlos	J. Villanueva, Esq.	at (305)	377-0812	23	 သ	
		of Person		Daytime Telephone Numb	er S	Ţ	
Enclos	ed is a check for	the following amount:					
\$25.00 Filing Fee \$\times S30.00 Filing Fee \$\times Certificate of Status			\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certifie	iling Fee, cate of Status & ed Copy onal copy is enclo	sed)	
	MAII	LING ADDRESS:	STREET/C	OURIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SLIMFRE	EZER LLC		
(<u>Nar</u>	ne of the Limited Liability Compa (A Florida Limited	ny as it now appe Liability Company	ears on our records.)	
The Articles of Organization for	or this Limited Liability Company	were filed on	March 16, 2012	and assigned
Florida document number	L12000037413			
This amendment is submitted t	o amend the following:			
A. If amending name, enter	the new name of the limited liab	oility company h	ere:	
The new name must be distinguis "L.L.C."	shable and end with the words "Lim	ited Liability Com	pany," the designation "L	LC" or the abbreviation
D.L.C.				
Enter new principal offices a	ddress, if applicable:			
(Principal office address MUS	ST BE A STREET ADDRESS)			下 汽
				AH ST
				ARN ARN SSI
Enter new mailing address, it	f applicable:			THE THE
(Mailing address MAY BE A	POST OFFICE BOX)			
		_		20 E &
			" "	
	red agent and/or registered of		our records, enter th	ne name of the new
registered agent and/or the n	ew registered office address her	<u>·e</u> :		
Name of New Registe	ered Agent:			
New Registered Office	ce Address:		····	
		E	Enter Florida street addr	ess
			, Florida	
		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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Carolina Reyes	848 Brickell Avenue Suite 1005 Miami, Florida 33131	Add ☑ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen —	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	AND FILED 12 SEP 17 AM 11: 37 SECRETARY OF STATE TALLAHASSEE, FLORID,
			MII: 37 F STATE FLORIDA
Dated	Sept. 1 20	012	
	Signature of a membe	er or authorized representative of a member	
	Carlos J. Villa	nueva, Esq., Authorized Rep.	
	Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00