

# L12000049710

**Florida Department of State**  
**Division of Corporations**  
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(((H13000268340 3)))



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To:

Division of Corporations  
 Fax Number : (850) 617-6383

From:

Account Name : MARCELL FELIPE, P.A.  
 Account Number : I20110000064  
 Phone : (305) 381-8500  
 Fax Number : (305) 381-6225

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

**Email Address:** nmunoz@marcellfelipe.com

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**MILCIENOCUATRO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2013 DEC -6 AM 10:35  
 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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B. BOSTICK  
 DEC - 9 2013  
 EXAMINER

H13000268340 3  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

**MILCIENTOCUATRO 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 4/11/2012 and assigned  
 Florida document number L12000049710

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 end with 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_  
 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

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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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ELIAN CAPITAL LLC	1001 Brickell Bay Dr.	<input type="checkbox"/> Add
		Suite 1800	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131	
MGR	Elian Investments Corp.	1001 Brickell Bay Dr.	<input checked="" type="checkbox"/> Add
		Suite 1800	<input type="checkbox"/> Remove
		Miami, FL 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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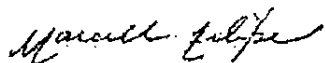
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Dated December 6, 2013



Signature of a member or authorized representative of a member

Marcell Felipe

Typed or printed name of signee

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FALL ARIZONA

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