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SECRETARY OF STATE

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T. CLINE
NOV 1 9 2012
EXAMINER

COVER LETTER

Division of Corpo			
SUBJECT:	S 8 H S IS	tability Company	LLC
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
, ,	N	anuel atenci	0
-	/	Firm/Company	
	2500 NW	79 av # 10 3	}
	<u> Miamo</u>	F L 33122 City/State and Zip Code	
	Leoater E-mail address: (t		<u>om</u>
For further information con-	cerning this matter, please ca	all:	
Manuel O Name of P	tencio erson	at (766) 340 - 9 Area Code & Daytime To	2922 Selephone Number my
Enclosed is a check for the	following amount:		OF STATE
\$ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 Section 1 Section 2 Sectio

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

Λ

68 M D1	stribut	ion W	5H, 6	.LC	
(Name of the Limited L (A F	iability Company lorida Limited Liab	as it now appears on ility Company)	our records.)		
The Articles of Organization for this Limited Lial Florida document number <u>L120000</u> 73		ere filed on	1 20	12 and assi	gned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	<u>he limited liabilit</u>	y company here:			
The new name must be distinguishable and end with 'L.L.C."	the words "Limited	Liability Company,"	the designation "	LLC" or the al	bbreviation
Enter new principal offices address, if applical	ole:	2500 N	w 790	<u>n#10</u>) 3
Principal office address MUST BE A STREET	ADDRESS)	Llemi	FL, 3	3122	<u></u> -
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	<u>ox)</u> _			TECKETARY O	Jones -
B. If amending the registered agent and/or registered agent and/or the new registered offi		e address on our		the name of	f the nev
Name of New Registered Agent:	Hanu	el Oten	cio		
New Registered Office Address:	2500 NG		# 10 3 Florida street ad	<u>J</u>	
	_ Mia	Enter I M City	, Florida	3312 Zip Code	2
		•		-	

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 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>	Address	Type of Action
HGR	OSORIO, Gerardo R	8351 NW 68 st	Add
		Mani FL 33166	Remove
H60	atencio Leopoldo	5434 NW 109 Cour	
13.1.5			
<u> M6R</u>	Ortigoza Sose A	1222 Skylark Dr Westom FL, 3332	
		The state of the s	Add Remove
		English State of the State of t	
			Add Remove
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lovember 1	3 , 2012 .	
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Page 3 of 3

Filing Fee: \$25.00

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