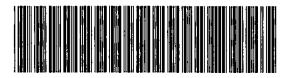
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(Re	questor's Name)	
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SECKETARY OF STATE
ALLAHASSEE: FLORIDA

AUG 24 2013 BRITCH

COVER LETTER

Division of Corporations	
SUBJECT: Juan y Nico K, Ua 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:	
Claudia Cahaud Andrew Kroyer Name of Person	
Juan y NICO K, LLC Firm/Company	
4700 Sheridan Street, Suite J	
Hollywood, Florida, 33021 City/State and Zip Code	
Servicios aurbis realestate com	
For further information concerning this matter, please call:	
Florencia Raffo Name of Person Area Code Daytime Telephone Number Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scertificate of Status Scertified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

Juan y Nico K, Ua (Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were	filed on	and assigned
Florida document number <u>L 12000083427</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
	NIA	
The new name must be distinguishable and contain the words "Limited Liability Con-	npany," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		200
		22 E
Enter new mailing address, if applicable:	NA	22 F
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	70 E
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter t	he name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	N/A Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	ity	Zip Code
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	rmance of my duties, and I am fa ed for in Chapter 605, F.S. Or, ij	miliar with and Tthis document is

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>	Address	Type of Action
16R	Claudia Cahaud	4700 Shertdan Street Suite:	_□ Add
		4700 Sheridan Street Suite: Hollywood, Florida 33021	J Z Remove
			Change
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ì	s fisted, the date must t	s listed, the date must be specific and cann	s listed, the date must be specific and cannot be prior to date of		ASSEE: FLORIDA

Page 3 of 3

Filing Fee: \$25.00