## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2903 PEN II LLC

Certificate of Status	1
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Corporate Filing Menu

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https://efilc.sunbiz.org/scripts/efilcovr.exe

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2903 PEN II, LLC		
(Name of the Limited Liability Company as it now an (A Florida Limited Liability Compa	pears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number L12000084213		ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	y here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C	5."
Enter new principal offices address, if applicable:	74 C	
(Principal office address MUST BE A STREET ADDRESS)		
	Figure	
	80 F	
Enter new mailing address, if applicable:	ਲੋ <b>ਂ α</b> ਲੋਵ <b>ਹ</b>	П
Mailing address MAY BE A POST OFFICE BOX)		J
	R.S. &	
O YC amounting the manifestand agent and/or continued after additional	>	4)
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of	Lne
Name of New Registered Agent:		
New Province of Office and Advance		
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 605, 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 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
MGR	GABRIEL S. DIAZ-SARMIENTO	5600 SW 135 AVE.	
		202A	Remove
		MIAMI, FL 33183	Change
AP	VANESSA PIEDRAHITA	2721 EXECUTIVE PARK DRIVE	■ Add
		SUITE 4	□ Remove
		WESTON, FL 33331	Change
			No SO Add
			Remove
			Chaige
			S Add
			□ Remove
			☐ Change
		Remove	
			Change
			□ Add
			D Remove
	e e		Change

If amending any other information, enter change(s) here: (Attach additional sheets	, if necessary	v.)
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Effective date, if other than the date of filing:	(ontional)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90  Note: If the date inserted in this block does not meet the applicable statutory filing requirem	ents, this date	will not be listed as
document's effective date on the Department of State's records.	3500	
the record specifies a delayed effective date, but not an effective time, at in The 90th day after the record is filed.	12:01 a.m.	on the earlier of
Dated May0 15 , 2015		
Signature of a member or withoused representative of a memb	¢I.	
VANESA PIEDRAHITA		
Typed or printed name of signec		

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