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COVER LETTER

	egistration Sectivision of Corp		. · · · · · · · · · · · · · · · · · · ·	
SUBJECT	PRIQUIM	, LLC	•	
SUBJECT	· · · · · · · · · · · · · · · · · · ·	Name of Limi	ted Liability Company	
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspon	dence concerning this matter t	to the following:	,
		Lourdes B. Rivera, E	Esq.	
			Name of Person	
		Lourdes B. Rivera, F	PA	·
			Firm/Company	
		7700 N. Kendall Driv	e, Suite 805	
·			Address	
		Miami, Florida 33156	6	·
			City/State and Zip Code	
		monicaquiroga@msn		
		•	o be used for future annual report notification	ation)
For further	information cor	cerning this matter, please ca	ıll:	
Lourdes	B. Rivera		305 46:1-4901	·
•	Name of I	Person	Area Code Daytime T	Telephone Number
Enclosed i	s a check for the	following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Add Remove Add Remove
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□ Remove
= Add
<u></u> ∏ *Remove
OCT 28 P
Add Add Signature Remove

Remove
Remove

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIQUIM, LLC					
(Name of the Limi	ited Liability Company as it r (A Florida Limited Liability (<u>10w appears on our records.</u> Company))		
he Articles of Organization for this Limited Lorida document number L12000087448	Liability Company were fil	led on July 5, 2012		_ and assi	gned
his amendment is submitted to amend the fol	lowing:				
If amending name, enter the new name of	of the limited liability cor	mpany here:			
he new name must be distinguishable and end with the	e words "Limited Liability Corr	npany," the designation "LLC"	or the abbre	eviation "L.	.L.C."
nter new principal offices address, if appli	cable:			 	
Principal office address MUST BE A STRE	ET ADDRESS)				
Inter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	<u></u>				
. If amending the registered agent and egistered agent and/or the new registered of		ldress on our records,	enter the	e name o	of the
Name of New Registered Agent:	MONICA QUIRO	GA	SS:	8 2	
New Registered Office Address:	7135 COLLINS A	VENUE, #1435	F. 9.	PH	•
	-	Enter Florida street address		<u>ن کی مید</u>	7
	MIAMI BEACH		-id⊊ 3314		r e

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

Page 1 of 3

ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)	ı	
d 10-24-14, Jour 10-24-14		
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Four 1 (2)	tive date if other than the date of	ontional)
	late this document is filed by the Florida Dep	
	late this document is filed by the Florida Dep	
Signature of a member of a member	ed 10-24-14	
	te this document is filed by the Florida Dep	

Page 3 of 3

Filing Fee: \$25.00

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