Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H120002806663)))



H120002806653ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (050)617-6383

Prom:

Account Name : J L HOFMANN & ASSOCIATES, P.A.

Account Number : I19990000022 Phone : (305)666-0024

Fax Number : (305)666-0028

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

Email Address: Cindy 291/cpa.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MENDAVIA CONCEPTS, LLC

RECEIVED 2 NOV 29 PB # 50 Ecketary of State Llahassee, florida

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

12 NOV 29 AM II: 55

H12000280666 3

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

11/29/2012

H12000280666 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

|   | via Concepts, LLC   |
|---|---|
| (Name of the Limited Liability C<br>(A Florida Lin  | ompany as it now appears on our records.)   |
| The Articles of Organization for this Limited Liability Conference decument number L12000119741                 | npany were filed on September 19, 2012 and assigned                                     |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited  | d liability company here:   |
| The new name must be distinguishable and end with the words "L.L.C."  | "Limited Liability Company," the designation "LLC" or the abbreviation                  |
| Enter new principal offices address, if applicable:   | · · · · · · · · · · · · · · · · · · ·   |
| (Principal office address MUST BE A STREET ADDRES   | SSS   |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                            |   |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | red office address on our records, <u>enter the name of the ner</u><br>ss <u>here</u> : |
| 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 A  | vent:   |

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

Page 1 of 3

H12000280666 3

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  |
|--------------------------|--------------------------|--------------------------------|---|
| MGR                      | Angel Berisiartu         | 420 S. Dixie Highway, Suite 4  | B 🔽 Add   |
|                          |                          | Coral Gables, FL 33146         | Remove  |
| MGRM                     | Taft Street Partners LLC | 420 S. Dixie Highway, Suite 41 | <br><u>3</u>  |
|                          |                          | Coral Gables, FL 33146         | Remove  |
|                          |                          | ·                              |   |
|                          |                          | -                              | Remove  |
|                          |                          |                                | Add   |
|                          |                          |                                | Remove  |
| <b>FR. 10. 10.</b> 10. 1 |                          |                                | Add   |
|                          |                          |                                | Remove  |
|                          | ·                        |                                | _   |
|                          |                          |                                | Remove N  |
|                          | Page 2 o                 | 063<br>000280666 3             | FILED  12 NOV 29 AM II: 51  13 ECRETARY OF STATE  ALLAHA *CTE FLORK |

## H12000280666 3

| f amending any other information | on, enter change(s) here: (Attach additional sheets, if necessary.)       |
|----------------------------------|---|
|                                  |   |
|                                  |   |
|                                  |   |
|                                  |   |
| November 20                      | 2042  |
| November 29                      |   |
|                                  | 2214  |
| gigna                            | ure of a member or authorized representative of a member  John L. Hofmann |
|                                  | Typed or printed name of signee   |

Page 3 of 3

Filing Fee: \$25.00