Electronic Filing Cover Sheet

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(((H13000219244 3)))



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Division of Corporations

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRAMAYA LLC

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10/3/2013 8:55:32 AM PAGE 1/001 Fax Server

October 3, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FRAMAYA LLC 1830 SOUTH OCEAN DR 2010 HALLANDALE BEACH, FL 33009US

SUBJECT: FRAMAYA LLC REF: L12000135779

2013 DCT -3 MM 8 22

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H13000219244 Letter Number: 213A00023214

13 OCT -3 AM 10: 00
SECRETARY OF STATE
MALLARASSEE, FLORIBA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FRAMAYA	LLC			
(Name of the Limite	d Liability Company as A Florida Limited Liabil	it now appears on our records.) ity Company)			
The Articles of Organization for this Limited I Florida document number L12000135779		e filed on 10/24/2012	a	nd assig	ned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability	company here:			
The new name must be distinguishable and end w "L.L.C."	ith the words 'Limited I	iability Company," the designation	a "LEON O	or the abi	 oreviation
Enter new principal offices address, if appli	cable:	· - · · · · · · · · · · · · · · · · · ·		<u>_</u>	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		<u> </u>	- &	Lagran
Enter new mailing address, if applicable:	-		F STATE	2 8 8	E and a second
(Mailing address MAY BE A POST OFFICE	(BOX)		?>	<u>~</u>	
B. If amending the registered agent and registered agent and/or the new registered of	office address here:		er the m	ame of	the new
Name of New Registered Agent:	R&P ACCOUN	ITING & TAXES, INC			
New Registered Office Address:	150 SE 2ND A				
	•	Enter Florida street			
	MIAMI	, Florida	33131		
	Ci	ty	Z_{ij}	o Code	
New Reofstered 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 Changing Registered Agent, Manature of New Registered Agent

Page 1 of 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:

	Managing Member	•	
Title	Name	Address	Type of Action
MGR	MASSACESSI,PEDRO	1400 MEADOWS BLVD	Add
		FT.LAUDERDALE,FL 33327	Remove
			-
		A S. C.	Add
			Remove
		50 A	. ω
			Add [
		70.53 3187	Remove
			Add

Add
Remove

Add
Remove

Add
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Remove

If amending any other info	ermation, enter change(s) bere: (Attach additional she	eets, if necessary.)
09/27	2013	
	BULL	
	Signature of a member or sutherized representative of a member BASTEIRO, ELEONORA F	icinber
	Typed or printed name of signec	
	Page 3 of 3	2019 DET -: SEGRETAR FALLBAHASS
		3 74 8 80 07 81 80 75 16
		第三 2 8