

From: Lola Sanchez : (305) 670-1691
Division of Corporations

To: : (305) 670-6383

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L12000138227

Florida Department of State
Division of Corporations
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To:
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Fax Number : (850) 617-6383

From:
Account Name : GUZMAN & GUZMAN, P.A.
Account Number : 120080000090
Phone : (305) 670-1991
Fax Number : (305) 670-1993

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

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TALLAHASSEE, FLORIDA

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LOPESADELFIMALE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/31/2012 and assigned
Florida document number 112000138227.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

104 CRANDON BLVD # 415

KEY BISCAIYNE FL 33149.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DOLORES URDAPILLETA

New Registered Office Address:

104 CRANDON BLVD # 415

Enter Florida street address

KEY BISCAIYNE

City

, Florida 33149

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.

X 
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Las Liebres Real Estate LLC	2711 CENTERVILLE RD	<input type="checkbox"/> Add
		SUITE 400	<input checked="" type="checkbox"/> Remove
		WILMINGTON, DE 19808	<input type="checkbox"/> Change
MGR	Jorge Enrique Lavalle Cobo	260 CRANDON BLVD	<input checked="" type="checkbox"/> Add
		#C-42	<input type="checkbox"/> Remove
		KEY BISCAYNE, FL 33149	<input type="checkbox"/> Change
MGR	Raquel De Alzaga	260 CRANDON BLVD	<input checked="" type="checkbox"/> Add
		#C-42	<input type="checkbox"/> Remove
		KEY BISCAYNE, FL 33149	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[Dated] JULY 05 2017

X Michael G. [illegible]
Signature of a member or authorized representative of a member

Typed or printed name of signee