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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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Page 1 of 2

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CORAZON ENTERT				
(Name of the Limited Liability Compar (A Florida Limited Li	ability Company)	Gur records,)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L12000138827</u> .	vere filed op	10/31/2012	and assig	med
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil NACHO MAZZINI FAMILY, LLC	<u>liv company bere</u> :			
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the desig	gnation "LLC" or the	abbreviation "L.]	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
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Enter new mailing address, if applicable:	·····			
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		
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B. If amending the registered agent and/or registered off	ice address on ou	ar records, <u>enter</u>	the name 20	f the new
registered agent and/or the new registered office address here:	;			
Name of New Registered Agant:	· .			0
New Registered Office Address:	Enter Florida.	sireni address		,
	Florida			
	City	, FOINT	Zip Code	

New Registered Agent's Signature, if chaosing 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

If smending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action	
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E. Effective date, if other than the date of filling: _______________________________(optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date lbis document is filed by the Florida Department of State) and the second second **FEBRUARY 10** 2015 Dated _ Signature of a memoer or authorized representative of a member IGNACIO MAZZINI Typed of printed name of signee

Page 3 of 3

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