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FAX No.

P.002/005

P.01/01

TRANSACTION REPORT

JUL/07/2016/THU 11:22 AM

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001	JUL/07	11:21AM	18506176383	0:01:12	4	MEMORY OK	SG3 2983

Division of Corporations

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L12000140032
Florida Department of State
Division of Corporations
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((H16000163830 3)))



H160001638303ABC

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : *Anna M. Sanz*
Account Number : I20070000136
Phone : (786) 594-4102
Fax Number : (786) 664-3375

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZARAUTZ PROPERTIES, LLC

Certificate of Status	0
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Florida Department of State
Division of Corporations
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Second Request
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Ann M. Sanz
Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLP
Account Number : I20070000136
Phone : (786) 594-4102
Fax Number : (786) 664-3375

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

Email Address: *asanz@achmf.com*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
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Corporate Filing Menu

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FAX No.

P. 003/005

FAX AUDIT NO. H16000163830 3

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

ZARAUTZ PROPERTIES, 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 November 5, 2012 and assigned
Florida document number L12000140032.

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)

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:

Interamerican Corporate Services LLC

New Registered Office Address:

2525 Ponce de Leon Blvd., Suite 1225

Enter Florida street address

Coral Gables

Florida

33134

City

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.

If Changing Registered Agent, Signature of New Registered Agent

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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>
MGRM	Estanislao Garavilla	1548 Brickell Avenue	<input type="checkbox"/> Add
		Miami, FL 33129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jose Garavilla	1548 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Estanislao Garavilla	1548 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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P. 005/005

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

16 JUL 71
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TALLAHASSEE, FLORIDA

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16
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 21, 2016

Signature of a member or authorized representative of a member

Estanislao Garavilla

Typed or printed name of signee

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Filing Fee: \$25.00

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