

Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383	AHAS
Division of Corporations	
Fax Number : (850)617-6383	<u> </u>
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From:	, .
Account Name : PAUL SALVER, P.A	
Account Number : 120020000087	<b>3</b>
Phone : (954)389-1333	٠,٠

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

Enail Address:

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

FIF, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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2017 SEP 27 AM 10: 09

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Corporate Filing Menu

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## 2017 SEP 27 AM 10: 09

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FIF, LLC
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Linb Florida document number L12000150684	ility Company were filed on 11/30/12 and assigned
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	c limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le;
(Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	X)
B. If umending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
_	City Zin 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

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

Title	<u>Name</u>	Address	Type of Action
MGR	FIF TC LTD	P.O. BOX 958	
		PASEA ESTATE	
		ROAD TOWN, TORTOLA VG	
MGR	DIAZ, FEDERICO	2721 EXECUTIVE PARK DR.	■ Add
		SUITE 4	Romove
		WESTON, FL 33331	Change
MGR	Chatruc Rodriguez, Elisardo M.	2721 EXECUTIVE PARK DR.	■ Add
		SUITE 4	Remove
		WESTON, FL 33331	☐ Change
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			Change

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Franklina de de la Colonia				
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record specifies a delayed ef he 90th day after the record	fective date, but is filed.	not an effective	e tirne, at 12:01	a.m. on the earlier o
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Filing Fee: \$25.00