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D. BRUCE

COVER LETTER

	egistration Sec vision of Corp			
SUBJECT	ABR Ceram	ics LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspor	dence concerning this matter	to the following:	
		Beatriz Gomez Pereyra		
			Name of Person	
		ABR Ceramics LLC		
			Firm/Company	
	PO Box 13351			
			Address	
		Miami, FL 33101		
			City/State and Zip Code	P 6 P
		panamainvestments@yahoo		tion) HAT
For further	information co	E-mail address: (encerning this matter, please ca	to be used for future annual report notifica all:	ntion) PA 2
Beatriz Go	mez Pereyra		786 488-9660 at ()	
	Name of	Person	Area Code Daytime To	elephone Number 2011 (7)
Enclosed is	a check for the	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

Division of Corporations
P.O. Box 6327,
(Tallahassee, FL 32314)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABR Ceramics LLC			
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)		
The Articles of Organization for this Limited Liability Company were filed Florida document number L12000150921		and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability comp	any 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)			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			10
B. If amending the registered agent and/or registered office address here:	ess on our records, ente	er the name	of the nev
Name of New Registered Agent:		2016	
New Registered Office Address:) 2 3		14.40 × 100.778
		26	
City	, Florida	m in T	
New Registered Agent's Signature, if changing Registered Agent:	, Florida	Zip Code	'Auge'
I hereby accept the appointment as registered agent and agree to act is provisions of all statutes relative to the proper and complete performa	n this capacity. I further o	z ugree to comp	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action
AMBR	Raquel Sherman	PO Box 13351	■ Add
		Miami, Fl 33101	☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
	·	·	Add
			Remove Change
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Effective date, if other than the (If an effective date is listed, the date mu	date of filing:		(op	7.5	Φ"	
Note: If the date inserted in this b	ock does not meet the a	applicable statutory	g or more than 90 days af filing requirements, t	ter filing.) his date v	Pursuant will not b	to 605.0207 be listed as t
document's effective date on the D	epartment of State's re-	coras.				
the record specifies a delayed The 90th day after the rec	d effective date, buord is filed.	ut not an effect	ive time, at 12:01	. a.m. o	on the	earlier of:
Dated April 18	2016					
	· · · · · · · · · · · · · · · · · · ·					
	Signature of a member o	r authorized represer	tative of a member			_
Beatriz Gomez Pereyra	α	0000	`			

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Filing Fee: \$25.00