L12000152167

Florida Department of State
Division of Corporations
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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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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DO & CFM, LLC

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K. SALY

SEP 28 2017

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9/27/2017

2017 SEP 27 PM 2:52

2017 SEP 27 AM 10:17 FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DO & CFM, 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 __12/5/12__ and assigned Florida document number __L12000152167__ .

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: _____

New Registered Office Address: _____
Enter Florida street address

_____ , **Florida** _____
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_

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	Name	Address	Type of Action
MGR	DO & CFM, LTD.	P.O. BOX 958	☐ Add
		PASEA ESTATE	☒ Remove
		ROAD TOWN, TORTOLA VG	☐ Change
MGR	DIAZ, FRANCISCO J.	2721 EXECUTIVE PARK DR.	☒ Add
		SUITE 4	☐ Remove
		WESTON, FL 33331	☐ Change
MGR	OVIEDO, ANA	2721 EXECUTIVE PARK DR.	☒ Add
		SUITE 4	☐ Remove
		WESTON, FL 33331	☐ Change
MGR	DIAZ, FEDERICO J.	2721 EXECUTIVE PARK DR.	☒ Add
		SUITE 4	☐ Remove
		WESTON, FL 33331	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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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)
<u>Note:</u> 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 September   27   2017

Signature of a member or authorized representative of a member

FRANCISCO J. DIAZ

Typed or printed name of signee

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Filing Fee: $25.00