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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	GIRAFFAS CYPT	RESS CREEN LLC ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	quinr	Smi Ho Name of Person	
	Gor	nm & Smith Firm/Company	
	145 SW 4	th street, suite 21	.10
	Miami,	Fし 33130 City/State and Zip Code	
	<u>quinn.smil</u> E-mail address: (	the gommsmith. U	om ication)
For further information	concerning this matter, please ca	all:	
<u>Juinn</u> Name	Smi Hoof Person	at ( <u>305</u> ) <u>856.</u> Area Code Daytime	ナキ23.  Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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

Giraffas Cypres	S CREEK L	LC		_	
(Name of the Limited Liability C (A Florida Lin	nited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Com	pany were filed on	12/11/2012	and	assigned	
Florida document number <u>L12000 154820</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company h	ere:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the c	lesignation "LLC" or the ab	breviation	າ "L.L.C."	_
Enter new principal offices address, if applicable:	<u> </u>				
(Principal office address MUST BE A STREET ADDRES	<u> </u>				
		M1a .		<u>-</u> .	—
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
(muning duaress mail bl all ost of the body			22:		<del></del>
			1.	<b>5</b> 윤	~~·
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, enter	the nar	me of th	e nev
registered agent and/or the new registered office address	s nere.		11 -c	<u>س</u> ص	•
Name of New Registered Agent:				PA F	•
	· · · · · · · · · · · · · · · · · · ·		ZZ r	<u>&gt;</u>	
New Registered Office Address:	Enter Flo	rida street address	3	-	
		ri			
	City	, Florida	Zip Co	ode	
New Registered Agent's Signature, if changing Registered A	gent:				
I hereby accept the appointment as registered agent and	d agree to act in this	capacity. I further ag	ree to co	omnlv wi	th the

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 **Type of Action Title** Name <u>Address</u> Prats Rene 1444 Biscay ox Blud Suik 216 - Add CEO Hiami, FL 33132 Remove ☐ Change 1444 BIS cayne Blud suite 216 X Add AR Oliveira Ana Paula Hiami, FL 35132 ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change ☐ Add **□**Remove Change : □ <del>Kemove</del> ☐ Change □ Add □ Remove

☐ Change

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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) than 90 days after filing.) Pursuant to 6
e: If the date inserted in this block does not meet the applicable statutory filing roument's effective date on the Department of State's records.	equirements, this date will not be li
•	
record specifies a delayed effective date, but not an effective timne 90th day after the record is filed.	e, at 12:01 a.m. on the ear
2015	
ed December 7, 20th.	
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Filing Fee: \$25.00