

Page 1 of 1

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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (650)617-6383

From:

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	Account Name Account Number Phone Fax Number	: EMPIRE CORPORATE KIT COMPANY : 072450003255 : (305)634-3694 : (305)633-9696	SECRE INF	13 JUL 30
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COVER LETTER

TO: **Registration Section** Division of Corporations

BARDECUE LLC **i**AMI SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROQUE FARID A 4061



For further information concerning this matter, please call:

DQUE F. AYUBI at (305 - 744 - 244.5 Naune of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 223244

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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

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ARTICLES OF A	MENDMENT			
TO)			
ARTICLES OF O	RGANIZATION			
OF	r			
MiAMi BARDE	ave LLC			
(Name of the Limited Liability Compan (A Florida Limited Li				
(A Florida Limited Li	ability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $L 12.000157884$.	were filed on <u>12 - 18 - 12</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		7		
		AN S		
Enter new mailing address, if applicable:				
(Muiling uddress MAY BE A POST OFFICE BOX)		<u> </u>		
		10 IN 1999		
B. If amending the registered agent aud/or registered off	ice address on our records, enter			
registered agent and/or the new registered office address here	р Г			
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 608, 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

Page 1 of 3

 If smending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name		Type of Action
HGR	JORGE IVAN HOYOS	26 SW 8 STREET	_ Add
		26 SW & STREET MiAMI, FLORIDO 3313	C Remove
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			Kohove
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			Add

Page 2 of 3

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

07-30-13 Dated Signature of a member or authorized representative of a member iubi Aı К DQUE F . Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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