L13000004558

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800260896748

06/09/14--01017--013 **25.00

SECKETARY OF STATE TALLAHASSEE, FLORIDA

111111127114

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:	6M MA Name of Lin	NAGEMENT ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Gret	Name of Person	
	6m mi	ANAGEMEN 7 Firm/Company	- LLC
	2350 C	ORAL WAY	#401
	MIAN	11 FL 33	145
	g deeb a E-mail address: (City/State and Zip Code deebaroup. Y to be used for future annual report notifi	ication)
For further information of	oncerning this matter, please ca	all:	
<u>Greta</u>	Deeb f Person	at (<u>305</u>) <u>490</u> Area Code Daytimo	Telephone Number
Enclosed is a check for the	ne 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

FILED

2014 JUN -9 AN II: 56

6m mana	ABEMENT	SECKETARY OF STATE LL CIALLAHASSEE, FLORIDA
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on	1/9/2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit Greta Dec		
The new name must be distinguishable and end with the words "Lir	mited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		EATHern Control of the Control of th
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
,	Enter Floria	lu street address
	City	, Florida

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

MGR = Ma AMBR = Au	nnager nthorized Member		
<u> </u>	<u>Name</u>	Address	Type of Action
<u>GRM</u>	RAUL MONTALUD	2350 CORAL WAY # 401	Add
		# 401	Remove
		MIAMI, FL 3314	5
	 		Add
			□ Remove
			🗆 Add
			Remove
			□ Add
			□ Remove
			Add
			□ Remove
			□ Add
			□ Remove

. If amending any oth	er information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
Effective date, if oth	er than the date of filing: (optional) specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	filed by the Florida Department of State)
Dated	3/14 , 2014
	Signature on a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

