12/03/2013 16:55 Division of Corporations



Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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TO :

Division of Corporations Fax Number : (950)617-6383

From

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business satity to be used for future annual report mailings. Enter only one email address please.

Smail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AVIMAR FC, LLC

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	C	OVER LETTER	
TO: Registration Sec Division of Corp			
SUBJECTI AVIM	AR FC, LLC		
	Name of Limite	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	litted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Ana Sanz		
	<u></u>	Name of Person	
	Interamericar	n Corporate Services	
		Firm/Company	
	2525 Ponce	de Leon Blvd., #1225	·
		Address	
	Coral Gables	, FL 33134	
		City/State and Zip Code	
	asanz@arhmf.cor	The used for future annual report notification)	
For further information co	nceming this matter, please cal	•	
Ana Sanz		" ₍ 305,779-3560	
Name of	Person	Area Code & Daytime Telephone I	Number (12.5 21.3)
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) C	.00 Filing Fee, entificate of Status & entified Copy dditional copy is enclosed)
Registra Division P.O. Bo	NG ADDRESS: trion Section a of Corporations x 6327 1990c, FL 32314	STREET/COURIER ADDR: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	2551

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVIMAR FC, LLC

(Name of the Limited Liability Commany as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/15/2013 and assigned Florida document number L13000007783

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 end with the words "Limited Liebility Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:	1510 Washington Ave.	1915 -		
(Principal office address MUST BE A STREET ADDRESS)	Miaml Beach, FL 33139	_ •ī	6.9	
· · · · ·		<u> </u>	Ē	í,
	····	948 1	ا	، موجودی . موجود ،
Enter new mailing address, if applicable:	1510 Washington Ave.		် 	*- *
(Mailing address MAY BE A POST OFFICE BOX)	Mlami Beach, FL 33139			
			00	
	<u></u>	4-2 - * 	. <u></u>	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:

	City	, Florida Zip Code
New Registered Office Address:	Enter Fl	orida street address
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agents

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

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Paola Calandra	2333 Brickell Ave.	LibA Lib
		#2515	Remove
		Miami, FL 33129	
			Add
			Remova
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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d	EC. 3, 293
	Mar. A
	Signature of a member or authorized representative of a member
	HARCO FERRI ESD. Typed or printed name of signco
	Typed or printed name of signco
	Page 3 of 3

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Filing Fee: \$25.00

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