

04/09/2013 05:27 #3588-P-001/004
#L/3000018895

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

EFFECTIVE DATE
5-29-2015

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC
Account Number : I20000000019
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 29 AM 11:40

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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.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PLAZA 4208, LLC**

RECEIVED
15 MAY 29 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
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K. SALY
EXAMINER
JUN - 1 2015

H15000129315

EFFECTIVE DATE
5-29-2015ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PLAZA 4208 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)2015 MAY 29 AM 11:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDAThe Articles of Organization for this Limited Liability Company were filed on 02/06/2013 and assigned
Florida document number L 13000018895.

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 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:

CLAUDIA CZEYRKO CPA, PA

New Registered Office Address:

9290 SW 72 ST SUITE 103

Enter Florida street address

MIAMI

Florida

33173

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

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

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	MENDEZ, HECTOR ALFREDO	9290 SW 72 ST. STE 103 MIAMI FL 33173	<input checked="" type="checkbox"/> Add CHANGE <input type="checkbox"/> Remove
MGRM	PEREZ, MARIA ELIDA	9290 SW 72 ST STE 103 MIAMI FL 33173	<input checked="" type="checkbox"/> Add CHANGE <input type="checkbox"/> Remove
MGRM	MENDEZ, FLORENCIA M.	9290 SW 72 ST STE 103 MIAMI FL 33173	<input checked="" type="checkbox"/> Add CHANGE <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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STATIONARY OF STAFF
TALAHASSEE, FLORIDA
Remove

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

E. Effective date, if other than the date of filing: MAY 29, 2015 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

MAY 292015

Signature of a member or authorized representative of a member

MARIA EUSA PEREZ

Typed or printed name of signer

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

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