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· To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440

: (305)444-6226 : (305)442-4829 Fax Number

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 AMIND/RESTATE/CORRECT OR M/MG RESIGN VIVESPORELLA LLC

| Certificate of Status | 1 |
|-----------------------|---------|
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

VIVESPORELLA LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

LAURA KOHN

Name of Person

ARAZOZA & FERNANDEZ-FRAGA P.A.

Firm/Company

2100 SALZEDO STREET, SUITE 300

Address

CORAL GABLES, FL 33134

City/State and Zip Code

LAURA@ARAZOZA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA KOHN

at (305) 444-6226 x 233

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

7 \$25.00 Filing Fee

■\$30.00 Filing Fee & Certificate of Status

☐\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐\$60.00 Filing Fec.
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

| | ORELLA LLC | | | | |
|--|--|-----------------------------|-----------|---------------|---------------|
| (Name of the Limited Liability C (A Florida Lin | ompany as it now appeanited Liability Company) | rs on our records.) | | _ | |
| The Articles of Organization for this Limited Liability Con Florida document numberL13000031272 | npany were filed on | 02/28/2013 | and | assigned | j |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited | d liability company her | <u>re</u> ; | | | |
| The new name must be distinguishable and end with the words "L.L.C." | "Limited Liability Compa | any," the designation "L | LC" or ti | he abbre | viation |
| Enter new principal offices address, if applicable: | | | | 2013 | |
| (Principal office address MUST BE A STREET ADDRE | SS) | | D ' E. | A-P | |
| | | | <u> </u> | N | |
| Enter new mailing address, if applicable: | | | 14 41 S | A | - Pagers |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 場所 | 8+ 2 2 | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addres | | our records, <u>enter t</u> | he nam | e of the | e new |
| Name of New Registered Agent: | | | | ······· | |
| New Registered Office Address: | <u> </u> | ver Florida street add | ress | | |
| | | . Florida | | | |
| | City | 1 FIOIRIA | Zip C | ode | |

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 amending 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------------|------------------------------|----------------|
| MGR | INMACULADA LUQUE SANCHEZ | CALLE YUCATAN 27, 1 B | Add |
| | | LAS ROZAS, MADRID 28230SPAIN | Remove |
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| D. II | famending any other | information, enter change(8) | here: (Attach additional sheets, if nece | ssary.) |
|-------|---------------------|------------------------------|--|---------|
| | | | | |
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| | | | | |
| Date | APRIL 12 | , 2013 | -1 | |
| | | | Without To The Sentative of a member SON FERNANDEZ | |
| | | | rinted name of signee | |
| | | r | age 3 of 3 | |

Filing Fee: \$25.00