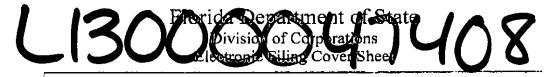
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS, INC.

Account Number : J20120000058

Phone Fax Number

: (305)438-7671 : (866)895-8710

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

GOVEN CAPITAL, LLC

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Page Count	01
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOVEN CAP	Tral LLC	
(Name of the Limited Liability Compe (A Florida Limited	ny as it now appears on our records.)	***************************************
The Articles of Organization for this Limited Liability Company Torida document number	were filed on04/01/2013	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liab	pility company here:	
	No. 20 NO. 12 O. N. 1. 20 NO. 1. 20	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the appreviation, Table C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	20900 NE 30TH AVE STE 818	
	AVENTURA, FL 33180	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	20900 NE 30TH AVE STE 818	岩石 15
MALLINE UNITESS MAT BE A PUST OFFICE BOX	AVENTURA, FL 33180	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u></u>	nter the name of the
	Enter Florido street address	. _
-	City, Florid	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

07/25/16 04:55PM EDT Right Way Multiservices Corp \rightarrow 6383 Pg 3/4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	JUAN CARLOS GONZALEZ	40 SW 13TH STREET UNIT 703	= Add
		MIAMI, FL 33130	
			□ Change
MGR	SANTIAGO VENEGAS	40 SW 13TH STREET UNIT 703	
		MIAMI, FI. 33130	■ Remove
			Change
AM	Countryside Ways Corp	Craigmur Chambers Road Town	D Add
		Tortola 1110 VG	■ Remove
			Change
		<u> </u>	Add
			□ Remove
			☐ Change
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			Change Change ORID Add
			☐ Remove
			Change

07/25/16 04:55PM EDT Right Way Multiservices Corp \rightarrow 6383 Pg 4/4

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ctive date, if other t	han the date of filing:		-=	(optional)	n /0#
:: If the date inserted i	in this block does not me	et the applicable sta	of filing or more than 90 tutory filing requirer	days after filing.) nents, this date w	Pursuant to 605. vill not be liste
ment's extective date	on the Department of Sta	ite's records.			
ecord specifies a d	delayed effective da	ite. but not an e	ffective time, at	12:01 a.m. o	n the earlle
ie 90th day after i	the record is filed.		•	SE	6
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	Signature of a me	ember or authorized h	presentative of a memb	er FLORI	9

Page 3 of 3

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