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SECRETARY OF STATE
ALLAHASSEE FLOSION

COVER LETTER

Division of Corporations	
SUBJECT: 2505 Harding LL(Name of Limited Liability Compan)	
Name of Panned Platenty, Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ALEX Archelles National Person Tradita Management Cyroup Front Company 11098 Buscage Blud, Suite 20 Address	LLC 03
Miani + L 33161 City/State and Zip Code	
City/State and Zip Code	
ALEX. Arguelles @ TzAdih consul E-mail address: (to be used for future annual report notific	ting com
For further information concerning this matter, please call:	
ALEX Arguelles at (954) 752-782 Name of Derson Area Code & Daytime	- & Telephone Number
. and over a payment	Totophone Mandon
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

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

8 505	Harding	uc					
(Name of the Limited	Liability Company Florida Limited Li	y as it now ap ability Compa	p ears on ou r 1y)	records.)			
The Articles of Organization for this Limited Life Florida document number <u>L130000482</u>		were filed on	410	2 2013	and a	assigned	
This amendment is submitted to amend the folk	owing:						
A. If amending name, enter the new name of	<u>[the limited liabil</u>	lity company	<u>here</u> :				
- lane -							
The new name must be distinguishable and end wit "L.L.C."	h the words 'Limite	ed Liability Co	mpany," the	designation "	LLC" or th	e abbrevia	ation
Enter new principal offices address, if applic	able:	- sa	nl -				
(Principal office address MUST BE A STREE	T ADDRESS)						
Enter new mailing address, if applicable:		- san	~ ! -				
(Mailing address MAY BE A POST OFFICE.	BOX)						
B. If amending the registered agent and/or the new registered of Name of New Registered Agent:			on our reco	ords, <u>enter</u>	the name	of the	new
New Registered Office Address:				*	75. Z		
New Registred Office Address.			Enter Flor	ida street ad . Florida	dress 7	ED	_
		City	-		Zp Q	ide S	_
New Posistored Agent's Signature if changing I	Pagistared Agents				J		

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgrn	MFK group LLC	Mismi, FL 3316	LO3 Add
		Miami, FL 3316	Remove
			_
			Add
			Remove
			Add
	•		Remove
			_
			Add
			_ Remove
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If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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=	
d	6/19 2013
	Vos.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00