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.

(((H13000095901 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305) 552-5973

Fax Number

: (305)220-1440

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

#m=	4	7	Address	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTHWEST WRECKER, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

Derivous Filing Menu Corp., rate filling Menu

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N. Outhgan APR 3 0 2013

FILED P.002/003

## M 1 3 0 0 0 0 5 5 8 0 9 ARTICLES OF AMENDMENT TO

2013 APR 29 AN 8:37

TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE TALLAHASSFE, FLORIDA

NOTTHWEST WIECKER, LLC	
(Name of the Limited Liability Company 23 it now appears on our records.) (A Florida Limited Liability Company)	٠
The Articles of Organization for this Limited Liability Company were filed on 04-10-13 and assigned Florida document number 13000052654	
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 "LLC."	Ω
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Miami FL 33183	
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 ne registered agent and/or the new registered office address here:	w
Name of New Registered Agent: PEDRO UGARDES	
New Registered Office Address: (0214 SW 131 CT. APT 202	2_
Miami Plorida 33183	
City Zip Code  New Registered Agent's Signature, if changing Registered Agent:	
New Registered Agent's Signature, it 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 Changing Megistered Agent, Signature of New Registered Agent

Page 1 of 2

MGR = Manager

## TH1300009595°

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	M = Mar	naging Member	•		
Title		Name		Address	Type of Action
MG	R	ELIER	UGARDES	6214 SW 131 CT.	Add Remove
MG	RM	PEDRO	Ugardes	6214 SW 131 CT. Apr 202 Miami FL 33183	Remove
		***************************************			Add Remove
<del></del>			<del></del>		Add Remove
					Add Remove
			·		Add Remove
D. lf s	imendin	g any other info	ermation, enter change(s	s) here: (Attach additional sheets, if necessary.)	FILED  7013 APR 29 AN 8:3  SHOWITANIASSEE, FLORM
Dated _	<i>P</i>	priL	LLIER 1	authorized representative of a member  ARDES	37 31E 31DA
				printed name of signee Page 2 of 2	

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