

Division of Corporations

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**L13000065554**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC  
 Account Number : I20150000089  
 Phone : (305) 444-6800  
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Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 ZAFIRO INVESTMENTS LLC**

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Corporate Filing Menu

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(H180002858813)

ZAFIRO INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/03/2013 and assigned  
Florida document number L13000065554.

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 contain 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)**

2330 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

2330 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

**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:

New Registered Office Address:

*Enter Florida street address*

City, Florida 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**

(H180002858813)

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	Name	Address	Type of Action
MGR	GRACIELA MERCEDES VILA-CHA	1111 SW 1ST AVE	<input type="checkbox"/> Add
		UNIT 2820-N	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33130	<input type="checkbox"/> Change
MGR	JUAN MANUEL RIVEIRO	1111 SW 1ST AVE	<input type="checkbox"/> Add
		UNIT 2820-N	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33130	<input type="checkbox"/> Change
MGR	MARINA RIVEIRO	1111 SW 1ST AVE	<input type="checkbox"/> Add
		UNIT 2820-N	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33130	<input type="checkbox"/> Change
MGR	JIMENA RIVEIRO	1111 SW 1ST AVE	<input type="checkbox"/> Add
		UNIT 2820-N	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33130	<input type="checkbox"/> Change
MGR	Graciela Mercedes Vila-Cha	1451 Brickell Avenue Unit 3102	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Juan Manuel Rivero	1451 Brickell Avenue Unit 302	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARINA RIVEIRO	1451 Brickell Avenue Unit 3102	<input checked="" type="checkbox"/> Add
		Miami FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JIMENA RIVEIRO	1451 Brickell Avenue Unit 3102	<input checked="" type="checkbox"/> Add
		Miami FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 601.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

8/02/2/01

Signature of a member or authorized representative of a member

Juan Manuel Rivero  
Typed or printed name of signer

Typed or printed name of signer

$(H_{1800028588(3)})$