## L13000068758

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
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Office Use Only



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10/07/13--01029--016 \*\*30.00

SECRETART OF STATE

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

For further information concerning this matter, please call:

Veronica Aqueca at (786) 2235165

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

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

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

**MAILING ADDRESS:** 

STREET/COURIER ADDRESS: Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## FILED

2013 OCT -7 PM 12: 18

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEGRETARY OF STATE TALLAMASSEE, FLORIDA

(Name of the Limited Liability Com (A Florida Limited	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Company	y were <u>5/10/13</u>	filed on and assigned
Florida document number <u>L 13000068758</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
		The
new name must be distinguishable and end with the words "Limited L	iability 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)	7935 NW 60 street Niami - Florida	33166
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7935 NW 60 street Miami - Flerida	33166
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida street addre	SS
, Florida	City	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 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.

Page 1 of 3

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
MGRM	Vesonica Troconis	7245 NW 84 street	
		Miami - Florida, 3316	Remove
<del></del>			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Portugal Administra
			Add
			Remove
<del> </del>			Add
			Remove
			Add
			Remove
			Add
			Remove

## Page 2 of 3

If amei	uding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• _	
_	
_	
. /	2412
ed(	tobec, 2013.
	, / )
	Signature of a member or authorized representative of a member
	Veronica Aguera Ceballos

Page 3 of 3

Filing Fee: \$25.00

