

Jul. 15, 2013 4:56PM
Division of Corporations

State & A s c i f s

213000069046

No. 8172 P. 1
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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 : RODOLFO J. SUAREZ, INC.
Account Number : I19990000270
Phone : (305) 718-4400
Fax Number : (305) 718-4408

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VENEVERDAD LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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13 JUL 15 PM 4:11
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TALLAHASSEE, FLORIDA

FILED
13 JUL 15 AM 8:39
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TALLAHASSEE, FLORIDA

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

VENEVERDAD 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 5/10/2013 and assigned
Florida document number L13000069046

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8042 NW 114PL MIAMI, FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8042 NW 114PL MIAMI, FL 33178

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:

JONATHAN MASSIANI

New Registered Office Address:

8042 NW 114PL

Enter Florida street address

MIAMI

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.

If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
PSD	HELENE VILLALONGA	8333 NW 53 ST SUITE 450 DORAL	<input type="checkbox"/> Add
		FL 33166	<input checked="" type="checkbox"/> Remove
MGR	EMANUEL DEL VECCHIO	8333 NW 53 ST SUITE 450 DORAL	<input type="checkbox"/> Add
		FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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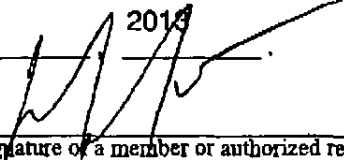
Suarez & Associates' 80143

No. 8172 P. 4

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JULY 11

2013



Signature of a member or authorized representative of a member

JONATHAN MASSIANI

Typed or printed name of signer

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