

L13 0000 698 95

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

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.

(((H13000234895 3)))



H130002348953ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FERNANDO JIMENO
Account Number : 074553003252
Phone : (305) 826-1711
Fax Number : (305) 826-1738

****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
SR CEVICHE, LLC**

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

FEB 21 2014

T CLINE

RECEIVED

14 FEB 20 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H13000234895 3

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

SR CEVICHE, 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 MAY 13, 2013 and assigned
Florida document number L13000069895

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)

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

H13000234895 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

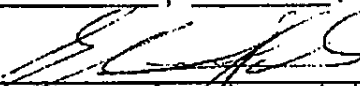
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JUAN RICARDO BALAREZO	9451 Palm Circle North	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 FEB 20 PM 8:13
SECRETARY
TALLAHASSEE, FL 32310

H13000234895 3

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

Dated October 22, 2013



Signature of a member or authorized representative of a member
Eduardo Jarama

Typed or printed name of signee

Page 3 of 3

H13000234895 3

FILED
2014 FEB 20 AM 8 13
SECRETARY OF STATE
TALLAHASSEE, FL 32309