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To:

Division of Corporations

Fax Number

: (650)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090

: (305)670-1991

Fax Number

: (305)670-1993

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 CAPICUA INVESTMENT LLC

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Fax: (305) 670-1991

Fax: (850) 617-0383

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2017 NOV 1.6 AM 11:08

FALLAHASSEE, FLORION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPICUA INVESTMENT LLC		
(Name of the Limited Liability Con (A Florida Limite	noany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 05/21/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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)	. <u> </u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records,	enter the name of the
registered agent and/or the new registered office address h	ere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City	Zlp 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

Frem: Paola Sanchez Fav: (305) 670-1991

Fav: (850, 617-6383

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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>	Address	Type of Action
MGR	EMILCE DIAZ	9130 S DADELAND BLVD	Add
		9130 S DADELAND BLVD	Remove
		MIAMI FL, 33156	☐ Change
MGR	G & G MANAGEMENT US LLC	9130 S DADELAND BLVD	D Add
		9130 S DADELAND BLVD	■ Remove
		MIAMI FL, 33156	□ Change
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			Remove
			Change

la Sanchez	Fax: (305) 670-1991	Te:	Fav: (850) 617-6383	Page 5 of 5 11/16/2017 11.	14 ALI
D. If ame	ending any other inform	nation, enter change	(s) here: (Attach additiona	sheets, if necessary.)	
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If the red	ord specifies a delaye 90th day after the re	ed effective date, in scord is filed.	but not an effective time	e, at 12:01 a.m. on the	earlier of
• •			-		
Dated	NOVEMBER 16	, 201	<u>'</u>		·
		Telle.		-	
		Signature of a member	or authorized representative of a	member	

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