lorida Department of State Division of Corporations

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COVER LETTER

	ivision of Cor			
SUBJECT		C, a Florida limited liability co	mpany	
SUBJECT	· ·	Name of Limited Liability Company		
		1	,	
		Amendment and fee(s) are sub		
Please retu	un all correspo	ondence concerning this matter	to the following:	
		GRY\$KA SOTOLONGO		
			Name of Person	
		THOMAS G. SHERMAN,	, P.A.	
		,	Firm/Company	
		90 ALMERIA AVENUE		
Address				
CORAL GABLES, FL 33134				
			City/State and Zip Code	
		GRYSKA@UNIONTITLE		
	. 1	·	to be used for future annual report not	incation)
		oncerning this matter, please of		
GRYSKA	SOTOLONG	o 	305 448-5898 E	XT. 204 25 Telephone Number
	Name o	f Person	Area Code Daytin	25 Telephone Number
Enclosed i	s a check for u	he following amount:		
■ \$25.0 0) Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fre & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314		STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Country Tallahassee, FL 31	on rations enter Circle	

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CORPUSA

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Florida Limited Limbility Company)	
The Articles of Organization for this Limited Liability Company were filed on MAY 31, 2013	and assigned
Florida document number L13000079347	
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" of	r 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:	<u>に</u> 後 5
(Mailing address MAY BE A POST OFFICE BOX)	30 C
	() - (°
B. If amending the registered agent and/or registered office address on our records, g	enter the name of the new
registered agent and/or the new registered office address here:	9: 55 IAGE ORIDA
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Flori	
City New Registered Agent's Signature if changing Registered Agents	Zip Code

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 Now Registered Agent

Page 1 of 3

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>	Name	<u>Address</u>	Type of Action
MGR	THOMAS G. SHERMAN, ESQ.	90 Almeria Avenue	€ Add
		Coral Gables, FL 33134	□ Remove
			□ Change
MGRM	Ana M. Lucius	1110 Brickell Avenue # 820	
		Miami, FL 33131	■ Remove
		1110 Brickell Avenue	☐ Change
MGRM	Maximiliano F. Lucius	Mianu, FL 33131	Add
			■ Remove
			☐ Change
MGRM	Diego R. Lucius	1110 Brickell Avenue	Add
		Miami, FL 33131	■ Remove
			☐ Change
			DRemove -
			□ Remove
			☐ Change

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fictive date, if other than the da an effective date is listed, the date must be ote: If the date inserted in this block occument's effective date on the Depa	te of filing: specific and cannot be prior to date of filing or more than 9 does not meet the applicable statutory filing require rement of State's records.	(optional) Odays after filing.) Pursuant to 605.0207 (3)(b) ments, this date will not be listed as the
e record specifies a delayed e The 90th day after the record	ffective date, but not an effective time, at l is filed.	: 12:01 a.m. on the earlier of:
November ated	, 2015	
Šiį	nature of a member of authorized representative of a mem	iber

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Filing Fee: \$25.00