

9/9/2014

Division of Corporations

U300086045

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC
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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MOCAMBO 1, LLC**

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SEP 10 2014
J. BRUCE

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Corporate Filing Menu

Help

MOCAMBO 1, LLC

The Articles of Organization for this Limited Liability Company were filed on 06/14/2013 and assigned Florida document number L13000086045.

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 "LLC."

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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

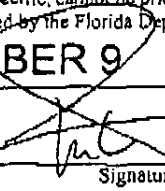
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALVAREZ, SUAZO & ASSOCIATES	13501 SW 128TH ST STE 202	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
MGR	KANAREK, JONATHAN J	18851 NE 29 AVE STE 104A	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
AMBR	KANAREK, ALEXIS R	18851 NE 29 AVE STE 104A	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
AMBR	KANAREK, LAZARO	18851 NE 29 AVE STE 104A	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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

E. Effective date, if other than the date of filing: 09/09/2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 9, 2014



Signature of a member or authorized representative of a member
JONATHAN KANAREK

Typed or printed name of signer

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CLERK OF STATE
TALLAHASSEE, FLORIDA