8EP/22/20/4/MON 1/55 ANS O OOAX OO 8 7 7 P. 9/5 7

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.

(((H14000221972 3)))



H140002219723ABC

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 : EXPRESS CORPORATE FILING SERVICE INO

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RECEIVED
4 SEP 22 AN II: 09
ISION OF CONFIGNATION
PREAU OF CONFIGNATION
FORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALL CAPSU LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Tamon SEP 28 2011

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
and assigned
•
" or the abbreviation "L.L.C."
ACE 14
AH SE
2 N N N N N N N N N N N N N N N N N N N
SS € O
DA CA
, enter the name of the n
rida
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 Authorized	the Managers or Authorized Member Member baing added of removed from	on our records, enter the lide, name, and address of each Manager or our records:
MGR = M AMBR = A	anager uthorízěd Member	
Title	Name	Address Type of Agtion
(MGL)	MIGAEL A- DIAZ	12782 8W 60+52N DAK
		minori R 33/83 PRemove
(MGR)	OSWALDO VILLOGIA	9935 NW 46 87 W201 DAN
		TALL SEP SEP
*		SEP 22 3PH ELS AHASSEE, FLORIDA
-		☐ Add
. .	<u>t-common in any trans</u>	□ Add ☐ Remove

Page 2 of 3

រ	amending a	ny other information, enter change(s) here:	(Attach udditional sheets, if necessary,)
	<u></u>	Control of the Contro	
			
			
T.	e effective date i	if other than the date of Illing: must be specific, usuall be prior to still of receipt or file ment in filed by the Florida Department of State)	(apriogal) of date and cannot be more than 90 days after
D	ated	1 18/2014 July 1	
	A	Significate attempter of author	ized representative of a member
		ANDREW GIME. Typed or printed	

Page 3 of 3

14 SEP 22 PM 4: 45