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To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : 120130000076 Phone : (305)388-7028

: (305)388-7028 : (305)479-2705

Fax Number : (305

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\*

Email Address:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIRST SURYA LLC

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K. SALY EXAMINER

AUG 15 --

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 AUG 12 AM 9: 46

SECRETARY OF STATE
TALLAHASSEE FLORID,

	FIRST S	URYA LLC	17	ALLAHASSEE FLORID,
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appea liability Company)	rs on our records.)	T.ORID,
The Articles of Organization for this Limited L Florida document numberL13000105420	·	were filed on	07/25/2013	and assigned
This amendment is submitted to amend the following	_			
A. If amending name, enter the new name of N/A  The new name must be distinguishable and contain the v				r the abbreviation "L.L.C."
Enter new principal offices address, if applic	ahle:	1212 Alexande	r Bend	
(Principal office address MUST BE A STREE		Weston FL, 33	327	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1212 Alexande Weston FL, 33		
B. If amending the registered agent and registered agent and/or the new registered o			n our records, 9	enter the name of the new
Name of New Registered Agent:	TIM SUAZO			
New Registered Office Address:	7951 RIVIERA	BLVD - SUITE	210	
		Enter Flo	orida street address	
	MIRAMAR		, Flori	
		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.

f Changing Registered Agent, Signature of New Registered Agent

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.	Christian S Di Giuseppe	Cortina 2521	
		Buenos Aires, Buenos Aires 1408 AR	■ Remove
			☐ Change
AMGR	99% Christian S Di Giuseppe	1212 Alexander Bend	
		Weston, FL 33327	☐ Remove
			Change
AMGR	1% Melisa S Arenas	1212 Alexander Bend	Add
		Weston, FL 33327	□ Remove
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