# 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.

(((H14000154288 3)))



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 INC.

Account Number : I2000000146 Phone : (305)444-4994 : (305)444-4977 Fax Number

\*\*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 RESIG

## **ECURISER LLC**

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

https://efile.sunbiz.org/scripts/efilcovr.exe

JUN 2 7 2014

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y here:  'the designation "LLC" or the abbreviation "L.L.C."  W 79TH AVE
y here:  'the designation "LLC" or the abbreviation "L.L.C."
y here:  'the designation "LLC" or the abbreviation "L.L.C."
' the designation "LLC" or the abbreviation "L.L.C."
' the designation "LLC" or the abbreviation "L.L.C."
' the designation "LLC" or the abbreviation "L.L.C."
_
W 79TH AVE
78
FL 33122
on our records, enter the name of the new
,
Florida street address

### 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

MGR = Manager

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:

AMBR = Authorized Member Title Name **Address** Type of Action 2500 NW 79TH AVE MGR ACADIA GLOBAL USA LLC ■ Add STE: 178 □ Remove MIAMI, FL 33122 □ Add □ Remove ☐ Add \_□ Remove Remove \_□ Remove

. If amending any other information, enter change(s) here: (Attack	h additional sheets, if necessary.)
	······································
Effective date, if other than the date of filing:	(optional)
The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	
Dated JUNE 25 2014	
Dated	
Signature of a member or antiforized repre-	sentative of a member
MARIA ROBERTO RIVADENE	IRA SILVA
Timed or printed name of	B) (77) 64

Page 3 of 3

