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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012

Phone : (305)826-5886 Fax Number

: (305)722-0535

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 RESIGN

SAWGRASS OFFICE, LLC

Certificate of Status Ū Certified Copy Page Count 01 Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	ipany as it now at ed Liability Compa	opears on our records.)		
,				
The Articles of Organization for this Limited Liability Compa	iny were filed on	08/08/2013	and as:	signed
Florida document number L13000111897				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company	y here:		•
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability C	ompany," the designation "L	LC" or the	abbreviation
Enter new principal offices address, if applicable:	<u></u>			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
	-			
Enter new mailing address, if applicable:				<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	-			
			1 × 2 .	
B. If amending the registered agent and/or registered	office address	•	. 🚎	of the new
registered agent and/or the new registered office address)	tere:		A	ST T
Name of New Registered Agent:				A Company
New Registered Office Address:			77	FFT
		Enter Florida street add		Section 1
	City	, Florida	Zip Cod	<u>, </u>
	C.IIV		zw coa	EC .

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CAMARO, INC	10710 NW 66TH STREET	Add
		DORAL, FL 33178	Remove
MGRM	ABUAWAD, RICARDO	10710 NW 66TH STREET	Add
		DORAL, FL 33178	Remove
MEMBER	CAMARO, INC	10710 NW 66TH STREET	. Add
		DORAL, FL 33178	
		,	Add
	,	CO 31 LAH	Remove
		\$\frac{\fin}}}}}}}}{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}{\frac{\frac{\frac{\fric}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac	Add
			Remove
			Add
			Remove

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

Dated 09/03/2013	
	A hard
	Signature of a member or authorized representative of a member
	RICARDO ABUAWAD - Maz
	Typed or printed name of signee

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