L13000121642

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

T. SURON DEC 13, 2013

COVER LETTER

TO: Registration So Division of Con		, 4, ° ,	
SUBJECT:	Name of Limit	ISAUC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	GABRIE	Name of Person	
·	2 In	VEST USA, UC Firm/Company	
	1300 PE	WSYLVANIA AUE, UN Address	11T #308
	MIAMI	BEACH, FL, 33/39 City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notifical	tion)
For further information c	oncerning this matter, please ca	all:	
ANDREA		at (766) 451 - 866 Area Code & Daytime T	93
Name o	f Person	Area Code & Daytime 1	elephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company (A Florida Limited Liab	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
The Articles of Organization for this Limited Liability Company we	ere filed on 08/28/13 and assigned
Florida document number <u>L 13000121642</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
	8 8 7
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	98 € 08 8 8
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ATTEO SOLDATINI
Name of New Registered Agent:	WE SHAPE WITH STATE OF THE STAT
New Registered Office Address: 1300	PENNSYLVANIA AVE, UNIT 308 Enter Florida street address
MIKNI BE	EACH , Florida 33/39 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 canacity. I further garge to comply with

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 timited liability company has been notified in writing of this change.

ered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Title Name <u>Address</u> Type of Action GABRIELE BRAHLA 1300 PENNSYLVANIA AVE, ACT 308 MGR 33139 MINHI BEACH, FC Remove PENNSULVANIA AVE, APT 378 Add HGR RED RENTALS 1 300 33139 MIAMI BEACH, FL Remove Remove Remove Remove

	· · · · · · · · · · · · · · · · · · ·
11/25/	13 , MIAMI BEACH
•	OOMDO
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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