

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.
Account Number : I20140000049
Phone : (786)837-6787
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DIVISION OF CORPORATIONS
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BUCEFALO MX LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV 12 AM 11:04

FILED

**TO
ARTICLES OF ORGANIZATION
OF**

BUCEFALO MX LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/04/2013 and assigned
Florida document number L13000125016.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

<p><u>Name of New Registered Agent:</u></p> <p><u>New Registered Office Address:</u></p>	<p>EPGD Attorneys at Law, P.A.</p> <p>2701 Ponce de Leon Blvd., Ste. 202</p> <p style="text-align: center;"><small>Enter Florida street address</small></p> <p>Coral Gables, Florida 33134</p> <p style="text-align: center;"><small>City Zip Code</small></p>
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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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

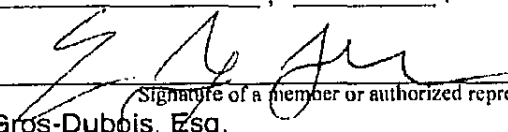
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FLO MX HOLDINGS, LLC	18660 South Dixie Hwy	<input checked="" type="checkbox"/> Add
		Cutler Bay, FL 33157	<input type="checkbox"/> Remove
MGR	FLO MX HOLDINGS	9690 NW 41st Street	<input type="checkbox"/> Add
		Unit 5A	<input checked="" type="checkbox"/> Remove
		Doral, FL 33178	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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E. 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 cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 10, 2014



Signature of a member or authorized representative of a member
Eric P. Gros-Dubois, Esq.

Typed or printed name of signee

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Filing Fee: \$25.00

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