L13000126930

| (Requestor's Name) | _ |
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| (Address) | |
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| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Aravaca, LLC

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

| (A Florida Lim | nited Liability Company) | |
|--|--|--|
| The Articles of Organization for this Limited Liability Comp Florida document number L13000126930 | pany were filed on | and assigned |
| 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 contain the words "Limited l | Liability Company," the designation "LLC" | " or the abbreviation "L.L.C." |
| 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: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | · · · |
| | | · · · · · · · · · · · · · · · · · · · |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address: | | |
| | , Flo | orida |
| | City | orida Zip Code |
| New Registered Agent's Signature, if changing Registered Agented Agent's Signature, if changing Registered Agented Agent's Signature, if changing Registered Registere | <u>gent:</u> | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change | plete performance of my duties, an t as provided for in Chapter 605, l ffice address, I hereby confirm tha | d I am familiar with and F.S. Or, if this document is |

If 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 be or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------------------------------|--------------------------|--|
| MGRM | Guillermo J Gutierrez de Pineres | 6400 Poplar Avenue, \$45 | □ Add |
| | | Memphis, TN 38197 | |
| | | | ≥ Remove |
| | | | ☐ Change |
| MGRM | Guillermo J Gytierrez | 6400 Poplar Avenue, S45 | Add |
| | de Pineres Rev.Trust dtd 4115/2016 | Memphis, TN 38197 | Remove |
| | | | ☐ Change |
| MGRM | Melanie A Gutierrez | 6400 Poplar Avenue, \$45 | □ Adid |
| | | Memphis, TN 38197 | ☑ Remove |
| | | | ☐ Change |
| MGRM | Melanie A Gutierrez | 6400 Poplar Avenue, \$45 | ☑ Add |
| | de Pineres Rev Trust dtd 4115/2016 | Memphis, TN 38197 | Remove |
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| Effective date, if other than the date of filing. January 1, 2017 (optional) If an effective date is Island, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The 90th day after the record is filed. January 1 2017 The January 1 2017 The January 1 2017 | Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records. The effective date and effective date, but not an effective time, at 12:01 a.m. on the Handay after the record is filed. January 1 2017 | | | | | |
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