Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : 119990000017

: (305)485-9300

Fax Number

(305) 485-1098

Enter the email address for this business entity to be used for future annual report mallings. Enter only one email address please.

Email	Address	:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIZWORK TECH, LLC.

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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMEND TO

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ZATION	11140	000 10	, , , , _

BIZWORK TE	Company as it now appears on our records)
The Articles of Organization for this Limited Liability Conference of Occupant number 43000 127 8.	npany were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20 Z
(Principal office address MUST BE A STREET ADDRES	22 <u>T 23</u>
	## ± ##
Enter new mailing address, if applicable:	MO P
(Mailing address MAY BE A POST OFFICE BOX)	TO COME OF THE PROPERTY OF THE
	25
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	red office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin Code

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 Rogistered Agent

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

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MGR = Manager

CLARA GIRALDO P.A

PAGE 03

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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:

	thorized Member		
Title	Name	Address	Type of Action
1461R	CACIGUE, KAFAEL	1106 NW 126 COVET	□ Adḍ
		Address 1106 NW 126 COURT LIANI FL. 33182	🗆 Remove
<u>Ula</u> R	ARIKOMA, TAKASHI	1106 NW 126 COURT NAMI, FL. 33182	
		'	
Ylor	PAEZ, JOSE Luis	1106 NW 126 COVE VIAN, PL. 33182	Add.
		Vian, PL. 33182.	Remove
			2014.
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			_□ Remove

33/24/2014	14:25	3054851098		CLARA GIRALDO P	•	PAGE 9-4-3	94
D. If amend	ing, any oth	er information, ente	er change(s) here:	(Attach additional shee	ris, if necessary.)		
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						_	
(The offective	re date must be:	or than the date of fi specific, cannot be prior of light by the Florida Depar	o date of receipt or filed	date and cannot be more tha	(optional) n 90 days after	•	
Dated &	24 H	PARCH	. 2014				
	15	Signature o	I's member or authoric	ed representative of a memb	er	· · · · · · · · · · · · · · · · · · ·	

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