

# L13000133046

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (950)617-6333

From: Account Name : GUZMAN & GUZMAN, P.A.  
Account Number : I20080000090  
Phone : (305)670-1991  
Fax Number : (305)670-1993

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

Email Address: \_\_\_\_\_

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14 AUG 14 PM 4:45  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MMR AZUL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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FLORIDA  
2014 AUG 14 P 12:01

FILED

B. BOSTICK

AUG 15 2014

EXAMINER

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MMR AZUL 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 FLORIDA and assigned Florida document number L13000133046

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: 9130 S DADELAND BLVD, STE 1509  
MIAMI, FLORIDA, 33156  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 9130 S DADELAND BLVD, STE 1509  
MIAMI, FLORIDA, 33156  
*(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:**

Name of New Registered Agent: GUZMAN & GUZMAN, P.A.

New Registered Office Address: 9130 S DADELAND BLVD, STE 1509  
*Enter Florida street address*

MIAMI, Florida 33156  
*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 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]* Signature of New Registered Agent

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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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RAVESZANI, MONICA MARCELA	1441 BRICKELL AVENUE, 17TH FLOOR	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
MGR	G & G MANAGEMENT US LLC	9130 S DADELAND BLVD. STE 1509	<input checked="" type="checkbox"/> Add
		MIAMI, FL, 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Remove  
 2014 AUG 14 PM 2:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 Add  
 Remove

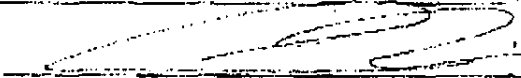
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

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 AUGUST 14 2014



Signature of a member or authorized representative of a member

**RAVESZANI, MONICA MARCELA**

Typed or printed name of signer

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