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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090

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 its

Email Address:

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HelpSHIVERS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	IDDERTS on our records.)
The Articles of Organization for this Limited Liability Company were filed of Florida document number L13000139278	on 10/02/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain 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)	S
	SON NO SAME
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7 7 mag
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	er Florida sirem address
·	, Florida
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 of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	CALABRESE, DAMIAN	9130 \$ DADELAND BLVD	
		\$TE 1509	■ Remove
		MIAMI FL, 33156	☐ Change
			Remove
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Fective date, if other than the date of filing:	(optional)	
an affective date is listed, the date must be specific and cannot be prior tote. If the date inserted in this block does not meet the applications	able statutory filing requirements, this date will	mont to 605.02 not be listed
ocument's effective date on the Department of State's records,		
e record specifies a delayed effective date, but not	t an effective time, at 12:01 a.m. on t	the earlier
The 90th day after the record is filed.		,,,,,,
CEDTEMBER 12		
ated SEPTEMBER 22	· ·	
ated SECTEMBER 22	·-	

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