

LI7006148411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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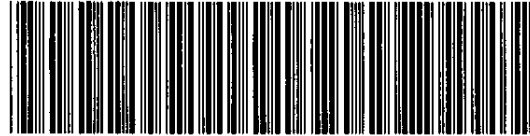
(Business Entity Name)

(Document Number)

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15 MAY 15 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 21 2015

J SHIVERS

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

**OURAGAN DIHUCA LLC**

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ahpaly Coradin, Esq.

\_\_\_\_\_  
Name of Person

Coradin Law P. A.

\_\_\_\_\_  
Firm/Company

200 South Biscayne Blvd, Suite 2790

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code

ahpaly@coradinlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ahpaly Coradin

305 714 9532

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TO  
ARTICLES OF ORGANIZATION  
OF

OURAGAN DIHUCA 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 10/22/2013 and assigned  
Florida document number L13000148411.

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)

160 W. CAMINO REAL

SUITE 286

BOCA RATON, FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

160 W. CAMINO REAL

SUITE 286

BOCA RATON, FL 33432

**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:

JEFFREY C. WEINSTEIN, Esq.

New Registered Office Address:

3100 SOUTH FEDERAL HIGHWAY, SUITE B

*Enter Florida street address*

DELRAY BEACH

, Florida 33483

*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

**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	Coradin Law P. A.	200 South Biscayne Blvd	<input type="checkbox"/> Add
		Suite 2790	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131	
MGR	Sparing Partners Inc.	160 W. CAMINO REAL	<input checked="" type="checkbox"/> Add
		SUITE 286	<input type="checkbox"/> Remove
		BOCA RATON, FL 33432	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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 April 23<sup>rd</sup>, 2015.

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Philippe Pepes, Sparing Partners  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
15 MAY 15 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA