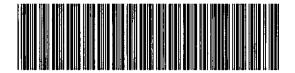
# L13000149520

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of 9	Status
Special Instructions	to Filing Officer:	
:		
	·	

Office Use Only



200266908402

12/12/14--01005--024 \*\*25.00

14 DEC 12 PH 2:45

DEC 1 8 2014

T. BROWN

# **COVER LETTER**

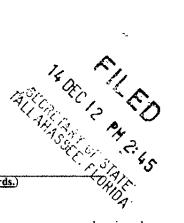
8

TO: Registration Section of Con	ection rporations					
Sun Jua	n Management Group, LLC					
SUBJECT:  Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are submitted for filing.					
Please return all correspo	ondence concerning this matter to the following:					
	Raul Veitia					
	Name of Person					
	Firm/Company					
	1133 Louisiana Avenue - Suite 208					
	Address					
	Winter Park, FL 32789					
	City/State and Zip Code					
	rveitia@belmontmanagementgroup.com					
	E-mail address: (to be used for future annual report notification)					
For further information of	concerning this matter, please call:					
Raul Veitia	321 274-2422 at ( )					
Name o	at () Area Code Daytime Telephone Number					
Enclosed is a check for the	he following amount:					
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy (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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



San Juan Management Group, 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 Comp	pany were filed on 10/23/2013	and assigned
Florida document number L13000149520		
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	d Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>S)</u>	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· ************************************	
B. If amending the registered agent and/or registere	od office address on our record	a antar the name of the name
registered agent and/or the new registered office address		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, FI	orida
	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 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>	Name	Address	Type of Action
MBR	Karin E. Gomez Rodriguez	1133 Louisiana Avenue - Suite 208	Add
		Winter Park, FL 32789	Remove
		`	
			D Add
			□ Remove
			□ Remove
	·		Pemove
			□ Remove
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary		ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		. '
	•	
E.	Effect	tive date, if other than the date of filing: (optional)
		fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
	Dated	1 12/08 2014
	Daixa	
		Signature of a member or authorized epresentative of a member
		Jose Prospert
		Typed or printed name of fignee

Page 3 of 3

Filing Fee: \$25.00