

**213000150163**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : RICHARDS & ASSOCIATES, PA.  
Account Number : I20110000091  
Phone : (305) 858-9900  
Fax Number : (305) 285-0015

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TALLAHASSEE, FLORIDA

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

Email Address: yriviera@richards-law.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ARCHIPIELAGO LLC**

Certificate of Status	0
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*pm*

**COVER LETTER**

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

SUBJECT: **ARCHIPIELAGO LLC**  
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:

**YILAN RIVERO**

Name of Person

**RICHARDS & ASSOCIATES, P.A.**

Firm/Company

**2665 SOUTH BAYSHORE DRIVE, SUITE 703**

Address

**MIAMI, FLORIDA 33133**

City/State and Zip Code

**YRIVERO@RICHARDS-LAW.COM**

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

For further information concerning this matter, please call:

**YILAN RIVERO**

Name of Person

at **305 858-9900**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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**

**ARCHIPIELAGO 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 OCTOBER 21, 2013 and assigned Florida document number L13000150163.

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)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

*Enter Florida street address*

City

Florida

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA CRISTINA NAVIA	1121 CRANDON BLVD.	<input type="checkbox"/> Add
		UNIT NO. F503	<input checked="" type="checkbox"/> Remove
		KEY BISCAVNE, FLORIDA 33149	
MGR	AMALIA ROMERO	1121 CRANDON BLVD.	<input checked="" type="checkbox"/> Add
		UNIT NO. F503	<input type="checkbox"/> Remove
		KEY BISCAVNE, FLORIDA 33149	
			<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"/> Add
			<input type="checkbox"/> Remove

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

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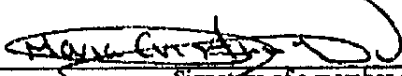
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Dated October 24, 2013



Signature of a member or authorized representative of a member

**MARIA CRISTINA NAVIA**

Typed or printed name of signee

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