L13000150445

5/26/2016 Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305)541-3980
Fax Number : (305)541-7033

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAS TRES M LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAS TRES M 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 10/24/2013 and assigned Florida document number L13000150445.

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 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

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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

Title	Name	Address	Type of Action
MGRM	MARTINEZ, MARIA NOEL	1549 NE 123RD ST NORTH MIAMI, FL 33161	☐ Add ■ Remove
MGRM	[illegible]	2655 COLLINS AVE #1905 MIAMI BEACH, FL 33140	☐ Add ■ Remove
MGRM	PEREIRA MACHADO, MONICA	2655 COLLINS AVE #1905 MIAMI BEACH, FL 33140	■ Add ☐ Remove
MGRM	MARTINEZ, MARIA NOEL	2655 COLLINS AVE #1905 MIAMI BEACH, FL 33140	■ Add ☐ Remove
MGRM	MARTINEZ, MONICA GUADALUPE	2655 COLLINS AVE #1905 MIAMI BEACH, FL 33140	■ Add ☐ Remove
			☐ Add ☐ Remove

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

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 MAY 19 2016

Maria Martinez FM
Signature of a member or authorized representative of a member

MARIA NOEL MARTINEZ
Typed or printed name of signee

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