

L13000157147

Sep. 20 2: AM Incorporating Services, L.P. No. 822 P. 1

Florida Department of State
Division of Corporations
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Account Name : INCORPORATING SERVICES FL
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DIVISION OF CORPORATIONS
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ARAGON BUSINESS MANAGEMENT LLC**

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ARAGON BUSINESS MANAGEMENT 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 11/7/2013 and assigned

Florida document number L13000157147

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)

119 Washington Avenue

Suite 403

Miami Beach, Florida 33139

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

_____, 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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Juan Ignacio Fraschini Silvanedonda	119 Washington Avenue	<input checked="" type="checkbox"/> Add
		Suite 403	<input type="checkbox"/> Remove
		Miami Beach, FL 33139	
AMBR	Juan Ignacio Fraschini Silvanedonda	119 Washington Avenue	<input checked="" type="checkbox"/> Add
		Suite 403	<input type="checkbox"/> Remove
		Miami Beach, FL 33139	
MGRM	Mellina Misa	Luis Alberto De Herrera 1248	<input type="checkbox"/> Add
		Montevideo UY	<input checked="" type="checkbox"/> Remove
MGR	Mellina Misa	Luis Alberto De Herrera 1248	<input checked="" type="checkbox"/> Add
		Montevideo UY	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 September 15, 2014.



Signature of a member or authorized representative of a member

Juan Ignacio Fraschini

Typed or printed name of signer