Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone: (561)694-8107 Fax Number: (561)694-1639

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

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たばなナイ	Address:_	 	 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 13 GLADES INVESTMENTS LLC

 Certificate of Status
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 Estimated Charge
 \$25.00

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SECRETARY OF STATE
ALL AMARGEE, FI ORIDA

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T. HANFION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	第 2
13 GLADES INV	ESTMENTS LLC
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears no our records.)
(A Florida Limited L	nability Company)
The Articles of Organization for this Limited Liability Company	were filed on 11/22/2013 and assimed
Florida document number L13000164281	. · · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, cuter the new name of the limited liah	ility company here:
	<u> </u>
The new name must be distinguishable and end with the words "Limit"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2950 Glades Cir. Unit 10
(Principal office address MUST BE A STREET ADDRESS)	Weston, FL 33327
12777-CAPACE WITTER SWAN CO.	
Enter new mailing address, if applicable:	2950 Glades Cir. Unit 10
(Mailing address MAY BE A POST OFFICE BOX)	Weston, FL 33327
Multing address MAT BE AT OST OFFICE DUA	
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	<u>re</u> s
Name of New Registered Agent:	
New Registered Office Address:	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>Address</u> Type of Action Title Name 2550 GLADES CIR UNIT 10 MGR MONTANI PUCHE, ADRIANA C WESTON, FL 33327 2950 Glades Cir. Unit 10 🗸 Add MGR MONTANI PUCHE, ADRIANA C Weston, FL 33327 Remove

). If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)					
December 2nd						
/// 01-	·					
	e of a member or authorized representative of a member					
ADHIANA C MONTA	ADEHANA C MONTANI PUCHE, Manager by: Kristine Roy, Attorney-in-Fac					
	Typed or printed name of signee					

Page 3 of 3

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