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MAY OF 2014 J. HARRIS

COVER LETTER

TO: Registration Division of C			
SUBJECT:	M C C	1ALV 15 LL (<u> </u>
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	ondence concerning this matter	to the following:	
	CAR	Name of Person	
	PAV	Name of Person OS A GIL, P. Firm/Company	A
	3910 h	J. FLAGLEIL Address	5T
	MIAN	ni, FL 33,	134
	CARLOS E-mail address:	Oity/State and Zip Code City/State and Zip Code CARLOS A To be used for future annual report notif	Circ PA. Com
For further information	concerning this matter, please c		
	•	at (305) 443 Area Code Daytimo	2525 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mc r	DALVI	5,116	_		
(Name of the Limited Li (A F)		ilian Communication			_
The Articles of Organization for this Limited Liabili Florida document number <u>L13000169</u>	ity Company we	ere filed on <u>12</u>	109/13	12110 11 and assig	3 ned
This amendment is submitted to amend the followin	ıg:				
A. If amending name, enter the new name of the	limited liabilit	y company here:			
The new name must be distinguishable and end with the words	s "Limited Liability	Company," the design	gnation "LLC" or the a	bbreviation "L.L	
Enter new principal offices address, if applicable			-	7	9. ≤y.
(Principal office address MUST BE A STREET A)	-			AP8	Sic
				29	# T
Enter new mailing address, if applicable:	_			AM 9	CONTRACT AND AND AND AND AND AND AND AND AND AND
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>				15
B. If amending the registered agent and/or registered agent and/or the new registered office: Name of New Registered Agent:		e address on ou	r records, <u>enter</u>	the name of	the new
			····		
New Registered Office Address:		Enter Florida s	treet address	<u>,,, =u =, ,,, , , , , , , , , , , , , , </u>	
_		Cit.	, Florida	Zip Code	····
		City		гір Соае	

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

Authorized N	Viember being added or removed from ou	r records:	or onen transment
MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIA C GALVIS	3785 NW 82 AVE	🗆 ∧dđ
		UNIT 115	Remove
		minmi, FL 33178	<u>}</u>
MGR	CAROLINA CAMPUZANO	3785 NN 82 ME	b ^Add
		UNIT 115	Remove
		minmi, FL 33176	3

			🗆 Remove
			—
			SECKE () BIVISION OF
			Rengeve
			9: 53 Add
			Remove
			······
			Add
			_□ Remove

	
ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and cannot be mo	(optional)
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be modate this document is filed by the Florida Department of State)	ore than 90 days after
ed MARIH 1 1, 2014,	
Mutuely	
Signature of a plember of authorized representative of a	

Page 3 of 3

Filing Fee: \$25.00

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