Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : 120060000012 Phone : (305)826-5886 Fax Number : (305)722-0535

**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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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ted Liability Company as it now apply (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited I	intelligence of the second		
	naminty Company were thed on .	12/12/2013	and assigned
Florida document number L13000171872	. · 		
This amendment is submitted to amend the fol	owing:		
A. If amending name, enter the new name (f the limited liability company	here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE)	ET ADDRESS)		
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			35.0
Enter new mailing address, if applicable:		<u> </u>	p so com
-	<i>BOX</i>)	اران مدارات	See
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B. If amending the registered agent and	•	-	he name of the new
registered agent and/or the new registered o	ffice address here:		
Name of New Registered Agent:	MAGALLY GUERRERO		
New Registered Office Address:	347 MIRACLE MILE		
***************************************	Enter F	lorida street address	
	CORAL GABLES	, Florida ³³¹³	4
The new name must be distinguishable and contain the Enter new principal offices address, if appropriate address MUST BE A STR. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent a registered agent and/or the new registered	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u>	Address		Type of Action
AMBR	GARCIA DE GUERRERO, GINNI	347 MIRACLE MILE		D Add
		CORAL GABLES, FL 33134		■ Remove
				Change
AMBR	GUERRERO, JOSE R	347 MIRACLE MILE		□ Add
		CORAL GABLES, FL 33134		🖺 Remove
				Change
AMBR	CASTANEDA, CRISTIAN	347 MIRACLE MILE		= Add
		CORAL GABLES, FL 33134		□ Remove
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record specifies a d The 90th day after	lela ctive d is filed	date, but not	an effective	time, at 12:	01 a.m. on t	he ear	lier
ated AUGUST 1	-//	2016					
x Auce	ell .						