Division of Corporations Electronic Filing Cover Sheet

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(((H15000076238 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : 119990000017

Phone Fax Number : (305)485-9300 : (305)485-1098

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 DIMARCHENA INVESTMENTS, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help MAR 27 2015 03/26/2015 13:49

AKICLES	TO FALL AHASSEE, FLORIDA
ARTICLES O	F ORGANIZATION
	OF
Name of the Limited Liability C	Ompany as it now appears on our records.) Inited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L/400000/7</u> :	pany were filed on MARCH, 24, 15 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
~	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(<u>Principal office address MUST BE A STREET ADDRES</u>	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> s <u>here</u> :
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

H150000 762313

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 = M $AMBR = A$	anager uthortzed Member	•	
Title	<u>Name</u>	Address	Type of Action
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03/26/2015 13:49 3054851098

CLARA GIRALDO P.A

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THE OWNERS FOR THIS ORGANIZATION IS:

MARCHENA, IHOSVANY

90%

MARCHENA, DIANFRANCO

10%

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	ament is filed by the I	Florida Department of S	015.		
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