LI4000008937 *(handwritten)*

Customer Service Sunbiz (850) 245-6051 (handwritten)

Florida Department of State
Division of Corporations
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        Division of Corporations
        Fax Number     : (850)617-6383

From:
        Account Name    : BUSINESS CHOICE, INC.
        Account Number  : I20010000004
        Phone           : (954)782-1829
        Fax Number      : (954)697-0245
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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
736 N.E. 191 ST. LOT 06 BLOCK 38, LLC.

Certificate of Status	0
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Page Count	01
Estimated Charge	$25.00

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S. YOUNG

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TO
·ARTICLES OF ORGANIZATION
OF

736 N.E. 191 ST. LOT 06 BLOCK 38, LLC.
<u>(Name of the Limited Liability Company as it now appears on our records.)</u>
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on ___January 16th , 2014___ and assigned Florida document number ___L14000008937___ .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

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:	736 N.E. 191 ST. TERRACE
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33179
	USA

Enter new mailing address, if applicable:	736 N.W. 191 ST. TERRACE
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33179
	USA

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the registered agent and/or the new registered office address here</u>:

Name of New Registered Agent: **SAMUEL LOPES DE OLIVEIRA**

New Registered Office Address: **736 N.W. 191 ST. TERRACE**
Enter Florida street address

MIAMI_____, **Florida** 33179_____
   City   Zip Code

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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, <u>Signature of New Registered Agent</u>

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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	SAMUEL LOPES DE OLIVEIRA	736 N.W. 191 ST. TERRACE	☐ Add
		MIAMI, FL 33179	☐ Remove
		USA	
MGR	REGIANE MARIA DINIZ	736 N.W. 191 ST. TERRACE	☐ Add
		MIAMI, FL 33179	☐ Remove
		USA	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Change Managers' address accordingly to the information
listed above.

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 July 2nd _____ 2014

X

Signature of a member or authorized representative of a member

SAMUEL LOPES DE OLIVEIRA

Typed or printed name of signee

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