11N-04-2,114 08:43/11r 200 a Hage 1 of 1

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

ACCOUNT Name	:	VARGAS, PIEDRA & CO	)
Account Number	:	120070000148	
Phone	:	(305)671-0003	
Fax Number	:	(305)671-6263	

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

Email Address:



AM11:49

NBL 04 0014 08:42 Energy Bindre & Co	To:18506176383	Page:2/4
JUN-04-2014 08:43 From:Vargas, Piedra & Co.		
ARTICLES OF AMENDM	ENT 28/4 JUN -	-4 AM11:49
TO ARTICLES OF ORGANIZA OF	TION ALLAHAS	Y OF STATES SEE, FLORING
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	<u>ars on our records.</u> ) )	
The Articles of Organization for this Limited Liability Company were filed on <u>2</u> Florida document number <u>L14000027572</u> .	2-18-2014	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, gnter the new name of the limited liability company l	herc:	
N/A	_	
The new name must be distinguishable and end with the words "Limited Liability Company," th	e designation "LLC" or the abbre	sviation "L.L.C."
Enter new principal offices address, if applicable:		······
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, <u>enter the</u>	name of the new
Name of New Registured Agent:		
New Registered Office Address:	<u></u>	
Enter Fi	lorida 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

Page 1 of 3

If amending t <u>Authorized M</u>	he Managers or Authorized Memi lember being added or removed fr	ber on our records, <u>enter the title, name, and address</u> am our records:	of each Manager or
MGR = Mai AMBR = Aut	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	DOMINGUEZ, FREDERICK	9100 S DADELAND BLVD STE 912	
		MIAMI, FL 33156	= Romove
MGRM	VILLARAOS, CRISTINA	9100 S DADELAND BLVD	Add
		STE 912	_ Remove
		MIAMI, FL 33156	-
			_D Add
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	Pa	ge 2 of 3	

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<u>N/A</u>		
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te effective date must be specific, cannot i te date this document is filed by the Florid ated JUNE 3	be prior to date of receipt or filed date and can da Department of State)	not be more than 90 days after



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