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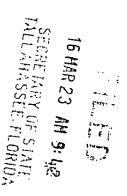
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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MAR 2 4 2016 J SHIVERS

COVER LETTER

	egistration Sec vision of Corp			
CUDIFOT		RESOURCE CENTER LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retui	n all correspon	dence concerning this matter	to the following:	
		Julia Greenberg-Aguilar		
			Name of Person	
		MyUSAcorporation.com		
			Firm/Company	
		1 Radisson Plaza, Suite 80	00	
			Address	
•		New Rochelle, NY 10801		
			City/State and Zip Code	
		info@americasresourcecen		
		E-mail address: (to be used for future annual report notific	ation)
For further	information co	ncerning this matter, please ca	all:	
Julia Greer	berg-Aguilar		877 330-2677	
	Name of	Person		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:

)

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O4/09/2014
re filed onand assigned
company here:
Company," the designation "LLC" or the abbreviation "L.L.C."
5 Merrick Way, 3rd Floor
Coral Gables, FL 33134
5 Merrick Way, 3rd Floor Coral Gables, FL 33134 e address on our records, enter the name of the n
TALEAN TALEAN
Enter Florida street address Florida
Enter Florida street address Florida City

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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			Remove
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tive date, if other than the date of filing: Meetive date is listed, the date must be specific and cannot be prior to date.	e of filing or more		EE F S A I E	in to 6	- 5 - 5 - 05.0
effective date is listed, the date must be specific and cannot be prior to date e. If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.					
earnest 3 effective date on the Department of State 3 records.					
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective tim	e, at 12:01 a.	m. on th	ne ear	lier d
ated 14th March, 3016.					
		/ .			

Page 3 of 3

Filing Fee: \$25.00