L14000060327

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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Masie	enda, LLC			
SUBJECT:		ited Liability Company		
•			•	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
•				: :
	Chantelle M		, ,	
•		Name of Person		
	Jorge Gaviri	a, P.A.	<i>c</i>	
		Firm/Company		
	9769 S Dixie	e Hwy, Suite	101	
		Address	 	٠.
	Miami, FL 3	3156		20 SALS
•		City/State and Zip Code	,	2014 APR 16 SEGRETARY ALEAHASSE
	jp@usmiamilaw.d	com to be used for future annual rep	now notification)	PR I
ė ca ie i			oon nouncation)	SEE 6
_	ncerning this matter, please c			E SE
Chantelle M	lelendez	_{at} 305, 66	6-8844	13.00 10.00 10.00
Name of	Person	Area Code	Daytime Telephone Number	}> &
Enclosed is a check for the	e following amount:	,		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified (of Status &
		,		

MAILING ADDRESS: 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

Masienda, LLC		• •
(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on April 11, 2	2014 and assigned
Florida document number L14000060327	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Macienda, LLC		
The new name must be distinguishable and end with the words "Lim	ited Liability Company," the designation	"LLC" or the abbreviation "L,L,C."
Enter new principal offices address, if applicable:	· ·	21 57 21 21 E
Principal office address MUST BE A STREET ADDRI	ESS)	() () () () () () () () () ()
		美国 第一点
		1.858 1.878
Enter new mailing address, if applicable:	· . · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE BOX)		155 .
		20 5
3. If amending the registered agent and/or registered agent and/or the new registered office addresses		ords, enter the name of the
		
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street ac	idress
	, .	. Florida
· · · · · · · · · · · · · · · · · · ·	Citý	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 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 = Manager AMBR = Authorized Member Type of Action Title Name Address ☐ Remove □ Add □ Remove Remove _□ Add □ Remove □ Add ☐ Remove

□ Add

☐ Remove

If amending any other information, enter change(s) here: (Attach additional sheets	s, if necessary	·.)	
		<u> </u>	
····			
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than	(optional)	,	
the date this document is filed by the Florida Department of State)	90 days after		
Dated April 14 2014			•
Signature of a member or authorized representative of a member of	er .	SEU	2014 PR
Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·	五百	/ P8
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Filing Fee: \$25.00