114000076798

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SECRETARY OF STATE

COVER LETTER

TO: Registration Secti Division of Corpo			
REMADA I	LC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	OCTAVIO CARDOS	0	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	NOTLYA HOLDINGS	CORPORATION	
		Firm/Company	
	21301 POWERLINE	ROAD - SUITE # 207	
		Address	
	BOCA RATON, FL	33433	
	cardoso@westcheste	City/State and Zip Code	
•	-	o be used for future annual report notifica	ition)
For further information cond	cerning this matter, please ca	ıll:	
OCTAVIO CARDOS	0	561 488-8048	
Name of Po	erson	at () Area Code Daytime T	elephone Number
Enclosed is a check for the f	ollowing 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REMADA LLC				
(Name of the Limit	led Liability Compa (A Florida Limited I	i ny as it now appears on c Liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number L14000076798	iability Company	were filed on May 1	2, 2014	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
N/A				
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		···········
Principal office address MUST BE A STREE	ET ADDRESS)	-21-20-1		Are 8 TO
Enter new mailing address, if applicable:		N/A		OV-6 PM
Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered or	_		records, enter	the name of the
•		_	DATION	
Name of New Registered Agent:	NOTEYAH	OLDINGS CORPC	JUN	
New Registered Office Address:	21301 Pow	erline Rd # 207		
		Enter Florida st		
	Boca Rator	·	, Florida <u>_</u> 3	3433
		City		Zip Code

New Registeren Agent's Signature, it changing Registeren 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PRADO, DANIELA C	1395 BRICKELL AVE. SUITE 800	
		MIAMI, FL 33131	Remove
		1395 BRICKELL AVE. SUITE 800	
AMBR	PRADO, RENATO F	MIAMI, FL 33131	
			□ Remove
			□ ∧dd
			CR Demove
			Add
			Remove
			<u> </u>
			Add
			🗆 Remove

N/A	
F 1 1	
(The effective	date, if other than the date of filing:
(The effective the date this	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
The effective the date this	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after a document is filed by the Florida Department of State) Stober 29th 2014 Addelicad
(The effective the date this	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

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