

L14000084007

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 : AGI REGISTERED AGENTS, INC
Account Number : I20000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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 JUN - 2 2016
PONCE DAVIS, LLC

A. LUNT

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ponce Davis, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane M. Hernandez

Name of Person

Adams Gallinar, P.A.

Firm/Company

1000 Brickell Avenue, Suite 300

Address

Miami, Florida 33131

City/State and Zip Code

dhernandez@agilaw.com

E-mail address: (to be used for future annual report notification)

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STATE OF FLORIDA
TALLAHASSEE

For further information concerning this matter, please call:

Diane M. Hernandez

Name of Person

at **(305) 416-6800**

Area Code

Daytime 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:
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

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ARTICLES OF AMENDMENT ((H14000127245 3))
TO
ARTICLES OF ORGANIZATION
OF

Ponce Davis, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 23, 2014 and assigned
Florida document number L14000084007

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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

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> | <u>Type of Action</u> |
|--------------|---------------------------|-----------------------------|--|
| <u>Mgr</u> | <u>John Kovacs</u> | <u>1000 Brickell Avenue</u> | <input type="checkbox"/> Add |
| | | <u>Suite 300</u> | <input checked="" type="checkbox"/> Remove |
| | | <u>Miami, Florida 33131</u> | |
| <u>Mgr</u> | <u>Enrique N. Bascuas</u> | <u>1000 Brickell Avenue</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Suite 300</u> | <input type="checkbox"/> Remove |
| | | <u>Miami, Florida 33131</u> | |
| <u>Mgr</u> | <u>Rene Cabrera</u> | <u>1000 Brickell Avenue</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Suite 300</u> | <input type="checkbox"/> Remove |
| | | <u>Miami, Florida 33131</u> | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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 MIAMI, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) (((H14000127245 3)))

Four horizontal lines for entering amendments.

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 May 30, 2014

Michael D. Gallinar
Signature of a member or authorized representative of a member
Michael D. Gallinar, Authorized Representative
Typed or printed name of signer

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TALLAHASSEE, FLORIDA