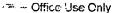
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A CHANCES JAN 20 2015

COVER LETTER ..

	Remary LLC
BJECT: Nam	ne of Limited Liability Company
enclosed Articles of Amendment and fee(s)	are submitted for filing.
se return all correspondence concerning this	s matter to the following:
	Marielle Goncalves Lanza
	Name of Person
	Remary LLC
	Firm/Company
	1470 NW 107th Ave, Ste. E
	Address
	Miami, FL 33172
-	City/State and Zip Code
E-mail a	mariellelanza@hotmail.com address: (to be used for future annual report notification)
r further information concerning this matter,	·
Arena J. Prado	at(305) 470-7505
Name of Person	Area Code Daytime Telephone Number

MAILING ADDRESS:

 \sqcap \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

X \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

\$55:00 Filing Fee & Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Re	mary LLC		
Name of the Limited Liability C	company as it now appears nited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on	06/06/14	and assigned
Florida document number <u>L14000090675</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limite	d-Liability Company," the c	lesignation "LLC" or the	abbreviation 'L.L.C."
Enter new principal offices address, if applicable:			2 55 3
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>		5 5
			SS 20 1
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	.	·	10 S S S S S S S S S S S S S S S S S S S
			<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, ente	r the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Address</u> Type of Action Title <u>Name</u> MGRM / AMBR Renato Cardoso Soares ____ ⊓ Add 1470 NW 107th Ave, Ste. E, Miami, FL 33172 X Remove □ Remove

). If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
.	
(The effective d	ate, if other than the date of filing: (optional) late must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after locument is filed by the Florida Department of State)
Dated	AUGUST 25 , 2014 .
	The CE
	Signature of a member or authorized representative of a member
	Renato Cardoso Soares
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

TALL STORY THE CITY OF STATE O