

MAY/26/2015/TUE 12:29 P

L14000098250

5/26/2015

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000125839 3)))



H150001258393ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

15 MAY 26 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLITZ DEVELOPMENT INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 26 AM 9:51

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLITZ DEVELOPMENT INTERNATIONAL, 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 6/18/2014 and assigned Florida document number L14000098250.

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 office 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)

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

City

Florida

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

Page 1 of 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 26 AM 9:51
TALLAHASSEE
FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Jose Cimadevilla	8500 W. FLAGLER ST	☒ Add
		B-208	☐ Remove
		MIAMI, FL 33144	☐ Change
AMBR	Ramon Yu Lee	8500 W. FLAGLER ST	☒ Add
		B-208	☐ Remove
		MIAMI, FL 33144	☐ Change
AMBR	Roberto Flores	8500 W. FLAGLER ST	☒ Add
		B-208	☐ Remove
		MIAMI, FL 33144	☐ Change
AMBR	Maria T Torres Azaldegui	8500 W. FLAGLER ST	☒ Add
		B-208	☐ Remove
		MIAMI, FL 33144	☐ Change
AMBR	Rafael Perez	14951 ROYAL OAKS LN	☒ Add
		APT 801	☐ Remove
		NORTH MIAMI, FL 33181	☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 15 MAY 26 AM 9:51
 TALLAHASSEE, FLORIDA

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

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 5/21/2015



Signature of a member or authorized representative of a person

Rafael Perez Camblanca
Typed or printed name of signor

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 26 AM 9:51

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS