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.

(((H140001769263)))



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To:	Division of Corporations	TWHASS
	Fax Number : (850) 617-6383	(7) (
Fron		
	Account Name : GREENBERG TRAUS Account Number : 075201001473 Phone : (561)955-7600 Fax Number : (561)338-7099	RIG (WEST PALM BEAGN) 13
Ent er t he	email address for this business ent	ity to be used for future
annual	email address for this business ent report mailings. Enter only one ema	ity to be used for future ail address please.**
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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

T. Burch JUL 2 8 2014

\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WREST 3 TX 1890 Zaragosa Ro		
(Name of the Limited Liabil (A Florid	lty Company as it now appears on our re- a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L14000101071</u>	4 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	lited liability company here:	
The new name must be distinguishable and end with the words "Li	inited 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 ADD)	RESS)	<u>'-1'</u> ≯:(); 1
	····	
Enter new mailing address, if applicable:		SS 23 1
(Mailing address MAY BE A POST OFFICE BOX)		mo o m
		(i) (area
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our reco lress here:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	
	Enter Pioriaa street aa	aress
	City	Florida Zio Code
Name Description of Agents Clarifolds Fabruaries Description	رين ه ادم	Sp oom

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>	Name	Address	Type of Action
MGR	Edilberto Rodriguez	6401 Congress Avenue	Add
		Suite 230-240	☐ Remove
		Boca Raton, FL 33487	
			Add Remove
			25 P
		·	CORP. Remore
			Add
			□ Remove
			□ Add
			_□ Remove
			_ Remove

D.	If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
			- -		
E.	(The offect	e date, if other than the date of filing: (options!) (ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Floride Department of State)	_		
	Dated	JULY 24 (12014)			
		Signature of a member or authorized representative of a member Andres E. Garcia Typed or printed name of signee	TAULAHASSEE, FLORID	14 JUL 25 PM 4: 45	

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