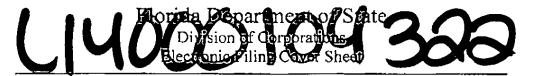
Page I of 2



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.

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To:		<del> </del>
	Division of Corporations	٠ ، ،
	Fax Number : (850)617-6383	· · · · ·
From:		
	Account Name : PAUL SALVER, P.A.	U %
	Account Number : 120023000087	

\*\*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 **BODEGON LLC**

Certificate of Status	1
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Page Count	01
Estimated Charge	\$30.00

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BODEGON,		
(Name of the Limited Liability Com (A Florida Limite	inuny as it now ennears on our recorded Liability Company)	<u>(.eb</u>
The Articles of Organization for this Limited Liability Compa	ny were filed on 6/30/14	and assigned
Florida document number L14000104322		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	nhility Company," the designation "CLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		No
(Principal office address MUST BE A STREET ADDRESS)		<del>C.</del>
		A
		J 71-2
Enter new mailing address, if applicable:		ူး က 🖟
(Malling address MAY BE A POST OFFICE BOX)		
CHAUTH BURES HAT BE A FOST OFFICE BOX		. <u> </u>
		υ (A)
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our record	(G)
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	rt
	E1	orida
	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, Standture of New Registered Agent

·:

10/05/2017 13:20 9543891397

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

Title	Name	Address	Type of Action
MGR	FIF TC LTD.	2721 EXECUTIVE PARK DRIVE	🖸 Add
		SUITE 4	■ Remove
		WESTON, FL 33331	☐ Change
MGR	RODRIGUEZ, ELISARDO M.	2721 EXECUTIVE PARK DRIVE	Add
		SUITE 4	□ Remove
		WESTON, FL 33331	□ Religive
MGR	ECHEVERRIA, JAVIER	2721 EXECUTIVE PARK DRIVE	□ Change
		SUITE 4	□ Romove
		WESTON, FL 33331	☐ Change
MGR	DIAZ, FEDBRICO I.	2721 EXECUTIVE PARK DRIVE	■ Add
		SUITE 4	
		WESTON, FL 33331	Chánge S
			D-Àdd Ch
			□ Remove <sub>20</sub> □ Change
			☐ Remove
			☐ Change

Filing Fee: \$25.00	69 - 5	
Page 3 of 3		4
Typed or printed name of signer		4.11
X ELISARDO MARCELO ROPRIBUEZ CHA	TRUC	
Signature of a member or numbers of authorized representative of a member [		
DATED SEPTEMBER 29th 2017		
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. do  The 90th day after the record is filed.	n the earlier of:	
Note: If the date inserted in this block does not meet the applicable statutary filling requirements, this date will document a effective date on the Department of State's records.	rill not be listed as the	
Effective date, if other than the date of filing:	Punsion to 605,0267 (3)(b)	
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