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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | ÷ #) |
| PICK-UP | ☐ WAIT | MAIL |
| . (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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S. YOUNG

| TO: Registration Sectorial Division of Corp | | | | | |
|---|--|---|-----------------------------------|----------------------------|-----|
| SUBJECT: | | es/Mes/75 C lited Liability Company | 16 | | |
| The enclosed Articles of A | mendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspon | dence concerning this matter | to the following: | | | |
| | Int Re | O))N 16 UP 7 Name of Person | | | |
| | | Firm/Company | | 14 0 SECRE | |
| | PO B | OX 66836, | <u>/</u> | 1 - 1 O | |
| | MAMI, | FL 33/66 City/State and Zip Code | : | F81 3: 25 - 11 (06.17)A | 244 |
| | E-mail address: (| to be used for future annual report | notification) | | |
| For further information con | ncerning this matter, please c | all: | | | |
| RAUL L. |) 0)0/160/2 Person | at (<u>305</u>) <u>49</u> Area Code Day | 76 8203 ytime 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) | Certified C | of Status & | |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | . 07/03 | 12014 | | | | |
|--|---------------------|----------------------------|-------------------------|-------------|-----------|---------|---|
| The Articles of Organization for this Limited Lia | ability Company | were filed on U7/03 | 72014 | and | assign | ned | |
| Florida document number L14000105925 | ·· | | | | | | |
| This amendment is submitted to amend the follo | wing: | | | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | | | | |
| N/A | | | | | | | |
| The new name must be distinguishable and end with the v | vords "Limited Liab | oility Company," the desig | nation "LLC" or the | abbreviatio | m "L.L | C." | |
| Enter new principal offices address, if applica | ıble: | N/A | | | <u>.</u> | | |
| (Principal office address MUST BE A STREE) | (ADDRESS) | | | | 14 | | |
| | | | | 云湖 | <u> </u> | | |
| | | | | | 1 ! | 1 1 | |
| Enter new mailing address, if applicable: | | N/A | | : . : | | <u></u> | |
| (Mailing address MAY BE A POST OFFICE I | <u>30X)</u> | | | ,9,5 | 72 72 | | |
| | | | | 超出 | <u>بې</u> | | |
| | | | | 25-000 | 7.0 | | |
| B. If amending the registered agent and/oregistered agent and/or the new registered of | | | r records, <u>enter</u> | the nar | ne of | the ne | W |
| | | | | | | | |
| Name of New Registered Agent: | N/A | | | | | | |
| New Registered Office Address: | | | | | | | |
| | | Enter Florida si | treet address | | | | |
| | | | , Florida | | | | |
| | | City | | Zip Ce | ode | | |

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>Title</u> <u>Name</u> <u>Address</u> **Type of Action Daniel Gomez** MGR 3415 N.W. 51st Pl Boca Raton, FL 33496 □ Remove □ Remove _□ Add ☐ Remove □ Add □ Add S ← Ω Remove

| N/A | | • |
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| ffective date, if other than the date of the effective date must be specific, cannot be priced the this document is filed by the Florida Department. | or to date of receipt or filed date and cans | (optional) not be more than 90 days after |
| September 23 | 2014 | |
| Molecula | | |
| | of a member or authorized representa | tive of a member |
| Alejandro Gomeź | | |
| | Typed or printed name of signe | |

Page 3 of 3

Filing Fee: \$25.00

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SECRETAIN OF STATE
FALL ASSAURT OF DEPTA