400011103

(Requestor's Name)		
(Address)		
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(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
		<u>.</u>
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

SEP 2 8 2015 S. YOUNG

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 795531 8065695
AUTHORIZATION Spulledena.
COST LIMIT : \$25.00
ORDER DATE : September 23, 2015
ORDER TIME: 12:06 PM
ORDER NO. : 795531-010
CUSTOMER NO: 8065695
DOMESTIC AMENDMENT FILING DOMESTIC AMENDMENT FILING NAME: CAPRESSA CONSULTING GROUP LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Courtney Williams EXT# 62935

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration S Division of Co				
CAPRE	SSA CONSULTING GR	OUP LLC		
SUBJECT:	Name of Li	imited Liability Company	···	
	f Amendment and fee(s) are su	•		
Please return all corresp	ondence concerning this matte	er to the following:		
	LUIS ENRIQUE VA	ALERY ESCALONA		
		Name of Person		
	CAPRESSA CONSU	ULTING GROUP LLC		
		Firm/Company		
	340 SEVILLA AVE			
		Address	•	
	CORAL GABLES, F	FLORIDA 33134		ASS SEP
		City/State and Zip Code		P 25 LARY O
	E-mail address:	(to be used for future annual report notific	cation)	HON E
For further information of	concerning this matter, please o	•	·	MIN 18
LUIS E VALERY		407 850-0518		٠.٠٠ حقر
Name c	of Person		Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPRESSA CONSULTING	GROUP LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears on o liability Company)	ur records.)	
The Articles of Organization for this Limited Life Florida document number L14000119703 This amendment is submitted to amend the following the content of t	ability Company			and assigned
This amendment is submitted to amend the folic	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and end with the	words "Limited Liabi	ility Company," the designs	ation "LLC" or the abbrev	intion "L.L.C."
Enter new principal offices address, if applica		340 SEVILLA AV	إسب	5 元 5
(Principal office address MUST BE A STREET ADDRESS)		CORAL GABLES	, FLORIDA 33134	图 第 五
			70	記い戸
Enter new mailing address, if applicable:		340 SEVILLA AV	E .	
(Mailing address MAY BE A POST OFFICE BOX)		CORAL GABLES, FLORIDA 33134		
				
B. If amending the registered agent and/or registered agent and/or the new registered off			records, enter the	name of the new
Name of New Registered Agent:	LUIS ENRIQ	UE VALERY ESCA	ALONA	
New Registered Office Address:	340 SEVILLA	A AVE	······	
		Enter Florida stre		
	CORAL GAR	City City	, Florida <u>33134</u> <i>Zij</i>	n Code
New Registered Agent's Signature, if changing R	egistered Agent:	Ctŋ	2.17	Cone
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company	l agent and agre r and complete p tered agent as pi egistered office o	performance of my du rovided for in Chapte	ties, and I am famili r 605, F.S. Or, if thi	iar with and is document is

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
MGR	Maria Haydana	8650 NW 97 AVE APT 212	D Add
		MEDLEY FLORIDA 33178	■ Remove
MGR	LUIS ENRIQUE VALERY E	340 SEVILLA AVE	5 Add
		CORAL GABLES FLORIDA 33134	Remove
MGR CARMEN	CARMEN TERESA MENDI	340 SEVILLA AVE	= Add
		CORAL GABLES, FLORIDA 33134	☐ Remove
			☐ Remove
		Add S	A SAME SE
			Remove FILED Remove FILED ASSEE FLORIDA ASSEE FLORIDA
			□ Remove

If amending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	: (optional)
(The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90 days after
·	2015
Dated SEPTEMBER 23	2015
172	
1. 1/105-	
Signature of a m	ember or authorized representative of a member
PEREZ MARCANO	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

15 SEP 25 MIN: 18 SERRETARY OF STATE TARIFAMASSEE, FLORIDA