L14000123686

| (Req | uestor's Name) | <u></u> |
|---------------------------|------------------|-------------|
| (Add | ress) | |
| (Add | ress) | |
| (City) | /State/Zip/Phone | e #1 |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | <u></u> |
| | | |
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Office Use Only



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EFFECTIVE DATE 0514-14

08/18/14--01032--007 **25.00

2011 AUS 18 P to 33

B. BOSTICK

AUG 1 9 2014

PYAMITTE

COVER LETTER

| Division of Corpo | | • | | |
|------------------------------|--|---|--|----------------|
| SUBJECT: | New Br | TUCE - Tampa C ted Liability Company | ce | |
| | Name of Limit | ted Liability Company | | |
| | | | | |
| The enclosed Articles of A | mendment and fee(s) are subn | mitted for filing. | | |
| Please return all correspond | dence concerning this matter t | to the following: | | |
| , | | | | |
| | Arie | Name of Person Bruce - Tange Firm/Company | ; o | |
| | | Name of Person | | |
| | New | Brupe - Tamp | a lle | |
| | | Firm/Company | _ - | |
| | 1990 1 | Bruce B Downs | Blud | |
| | | Address | | |
| | Tan | City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code | <i>4</i> 7 | |
| | | /City/State and Zip Code | | |
| | a ecount | ing @ Churromania | ion) | e i |
| | | | 3.25 | CALCOLOR IN |
| | ncerning this matter, please ca | | | .,- <u>~</u> ° |
| Nayibe | Betanwort | at (<u>786</u>) <u>401 – 6</u> Area Code Daytime Tele | 026 TO Phone Number ST | |
| Name of F | erson | Area Code Daytime Tele | ephone Number | |
| | | | Sm W | |
| 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) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |

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

| | BIVLE - lampa LLC |
|--|--|
| (Name of the Limited | d Liability Company as it now appears on our records.) A Florida Limited Liability Company) |
| | bility Company were filed on 08/07/2014 and assigned |
| • | - |
| This amendment is submitted to amend the follow | wing: |
| A. If amending name, enter the new name of t | the limited liability company here: |
| | |
| The new name must be distinguishable and end with the wo | ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applical | ble: |
| (Principal office address MUST BE A STREET | ADDRESS) |
| | (5°) «« |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE B | ox) |
| | |
| | |
| B. If amending the registered agent and/or registered agent and/or the new registered officered. | r registered office address on our records, enter the name of the new ice address here: |
| - Carrier and the second secon | A 7 |
| Name of New Registered Agent: | Ariel Acosta - Rubio 7740 SW 104 St Suite 207 Enter Florida street address CL 23156 |
| | 7740 SW 104 St Swife 207 |
| New Registered Office Address: | Enter Florida street address |
| | Min mi , Florida Fl 33156 |
| | City Zip Code |
| New Registered Agent's Signature, if changing Re | egistered Agent: |
| provisions of all statutes relative to the proper accept the obligations of my position as registe | agent and agree to act in this capacity. I further agree to comply with the r and complete performance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S. Or, if this document is egistered office address, I hereby confirm that the limited liability hange. If Changing Registered Agent, Signature of New Registered Agent |
| | Page 1 of 3 |

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 = Ma AMBR = Au | nnager ithorized Member | | |
|-----------------------|----------------------------|--|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Ariel Acosta-Nubio | 7740 SW 1045t ovite 207 Minni Pl 3: | Add Remove |
| MGR | Murin alejanda Bravo | 7740 SW 104 St Suite 207 Miami 193 | |
| M612 | Carlos Mom | 7740 SW 104 St Suite 207 Miami Pl 3 | ☐ Add 3/56 Remove |
| | | | □ Add□ Remove |
| | | | Remove Add Constitution of the Constitution of |
| | | | Add |
| | | | |

| D. If a | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|---|
| | |
| | |
| | |
| (The | ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) |
| Da | ed August 14, 2014. William |
| | Signature of a member or authorized representative of a member Arial H205 a - Rubio |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

2014 AUG 18 P to 31.