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Tox

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ALVARE2, SUAZO & ASSOCIATES

Account Number : I20130000076 encif : (305)388-7028 Fax Number : (305)479-2705

**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALM BAY 809 LLC

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K. SALY

FEB - 7 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 FEB-6 AM 9: 45

SEURETARY OF STATE
ALLAHASSEE. FLORID

å

PALM BAY 809 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 08/18/2014 and assigned The Articles of Organization for this Limited Liability Company were filed on L14000129375 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and commin the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

ul?

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GLENDA MARIANELA MEZA BRACH	780 NE 69 STREET	□ Add
		UNIT 809	■ Remove
		MIAMI, FL 33138	☐ Change
AMBR	70% RAMIRO LUQUE	780 NE 69 STREET	
		UNIT 809	□ Remove
		MIAMI, FL 33138	☐ Change
AMBR	30% GLENDA MARIANELA MEZA BRACHO	780 NE 69 STREET	■ Add
		UNIT 809	□ Remove
		MIAMI, FL 33138	☐ Change
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