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(Re	equestor's Name)	
——————————————————————————————————————	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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Accounting & Financial Services

Caribbean & Latin American Group DBA CALAS Group
2000 Ponce de Leon Blvd 6 th Floor
Coral Gables, FL 33134
Daytime Number: (305) 495-5222

April 20th, 2016

Division of Corporations P.O. Box 6327 Tallahassee, FL, 32314

To whom it may concern:

Included is a check with the \$25.00 filing fee as well as the amendment for the Articles of Organization of a Florida Limited Liability Company.

Sincerely,

Daniel Prado Assistant Operations Manager **CALAS Group**

weallasgroupmet

Tel: 305.495.5222 - Fax: 305.447.1070

COVER LETTER

TO: '		istration Sec ision of Corp			
CEUD I	ECT.		Dadeland, LLC		
SORI	ECT:		Name of Limi	ted Liability Company	
The e	nclosed	Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please	e return	all correspor	ndence concerning this matter	to the following:	
			Brian George		
				Name of Person	
			CALAS Group		
				Firm/Company	-
			2000 Ponce de Leon Blvd	6th Floor	
				Address	
			Coral Gables, FL 33134		
				City/State and Zip Code	
			bgeorge@calas.us	12.8	· · · · · · · · · · · · · · · · · · ·
			E-mail address: (1	to be used for future annual report notific	ation)
For fi	ırther iı	nformation co	oncerning this matter, please ca	all:	
Brian	n Georg	e		305 2990812 at ()	
		Name of	Person	Area Code Daytime	Celephone Number
Enclo	sed is a	check for th	e following amount:		
S	25.00 F	iling 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:

TO:

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

U-Energize Dadeland, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited I	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited L	iability Company	were filed on 08/21/2014	TOF STATE ORIDA	
This amendment is submitted to amend the foll	owing:		<u>ب</u> ح	
A. If amending name, enter the new name o	f the limited liab	oility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	C/O CALAS Group	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applie		2000 Ponce de Leon Blvd. 6th Floor		
(Principal office address MUST BE A STREE	<u>(T'ADDRESS)</u>	Coral Gables, FL 33134	•	
Enter new mailing address, if applicable:		C/O CALAS Group		
(Mailing address MAY BE A POST OFFICE	BOX)	2000 Ponce de Leon Bly	vd. 6th Floor	
		Coral Gables, FL 33134		
B. If amending the registered agent and registered agent and/or the new registered o			ecords, <u>enter the name of the new</u>	
Name of New Registered Agent:	CALAS Group)		
New Registered Office Address:	2000 Ponce de	Leon Blvd. 6th Floor		
<u> </u>		Enter Florida stree	address	
	Coral Gables		, Florida	
		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 Significant 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
•			□ Remove
			☐ Change
			□ Add
		<u>, , , , , , , , , , , , , , , , , , , </u>	□·Remove
			Change
			Remove
			Change
			□ Ađd
			□ Remove
		- 19	Change
			Change
			Remove

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4.	date, if other than the date of filing: (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6
effecti <u>e:</u> If t ument recor	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list of seffective date on the Department of State's records. It is described a delayed effective date, but not an effective time, at 12:01 a.m. on the earlith day after the record is filed.
effecti <u>se:</u> If to ument recor he 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear of the day after the record is filed. MARL 28th, 201b Ammuell
effecti e: If t ument recor he 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear of the day after the record is filed. Mach 28th
effecti te: If to tument recor the 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear of the day after the record is filed. MARL 28th, 2016

Filing Fee: \$25.00