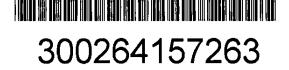
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(Ře	equestor's Name)	
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K.SALY EXAMINER OCT - 3 2014

COVER LETTER

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TO: Registration S Division of Co		,	, , , , , , , , , , , , , , , , , , ,
SAY	AND SAYED OF AME	RICA LLC	
SUBJECT:		nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Gloria M. (Cerpa Rodriguez	
		Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Firm Company	.
	5660 NW 11	5 Court, #209	
		Address	·······
	Miami, FL	33178	
	-,	City/State and Zip Code	
	avelez@vele	ezlawoffices.com to be used for future annual report not	utication)
Exp Bushar information			inteations
ror turner miormation	concerning this matter, please c	aii.	
	o Velez of Person		-9499 ne Telephone Number
Enclosed is a check for t	he following amount:		
X ¹ \$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 (addinonal copy is enclosed)
ман	ING ADDRESS:	STREET/COUR	IER ADDRESS:

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

<u>j</u>.,

5 ; 11 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED
2014 SEP 26 PM 12: 22
ALLAHASSEE. FLORIDA SAY AND SAYED OF AMERICA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____09/18/2014 L14000146320 Florida document number This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited	l liability company here:	
SAY AND SAY OF AMERICA LLC		
The new name must be distinguishable and end with the words "Limite	d Liability Company," the designa	tion "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(3)	
·		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register	od office address on our	records enter the name of the new
registered agent and/or the new registered office addres		enter the name of the us
1,		
Name of New Registered Agent:	-	
Many Danish and Office Address		
New Registered Office Address:	Enter Florida stre	ert address
•••	Inter 1 Production C	
		, Florida
7,7	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, Signature of New Registered Agent

Page 1 of 3

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:

	Manager Authorized Member	•			FILED ALLAHARY OF C.
<u>Title</u>	<u>Name</u>	1	Address	Type of Actio	11 20/4 SEP 2c
				□ Add	AUSTANU PM 12: 22
		, ,		□ Remove	TALLAHASSEE, FLORINA
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D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
· <u>·</u>		
	· · · · · · · · · · · · · · · · · · ·	FILED
_		2014 SEP 26 PM 12: 22
(The effective	e date, if other than the date of filing:	FALLAHASSEE. FLORIDA
Dated	September 23 2014 Signature of a member or authorized representative of a member	_
	Arnaldo Velez, Attorney at Law	_
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00