PAGE 11/03/2016 _15:3 artment of State vision of Corporations **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address: 2019 NON -3 RECE/VED LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHAPIGO DEVELOPMENT LLC Certificate of Status Ð AM 9: ZBIG NOV . Certified Copy 0 Page Count **84** ក្ត **Estimated** Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY NOV - 4 2016

| /03/2016 | 15:39 | 3052201440 | LAZARUS | PAGE 02/04 |
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| | | | ARTICLES OF AMENDMENT N 10 | |
| | | | TO | |
| | | . A | ARTICLES OF ORGANIZATION | |
| | | | OF | |
| | | | | TEC 10 1 |
| | | | SHAPIGO DEVELOPMENT LLC | TE |
| | | (Name of the | Limited Liability Company as it now appears on our records. (A Florids Limited Liability Company) | And applianed 9. |
| | | | | 500 Fg |
| | | | ited Liability Company were filed on 11/3/2016 | and assigned ? |
| Florida d | locument nu | mber L14000149382 | , | OF ST |
| This area | nderent : | | - e . 11 | APC. |
| | endment is s | ubmitted to amend th | e following: | |
| A. If am | ending nar | ne, <u>enter the new na</u> | me of the limited llability company here: | |
| | | | | |
| The new m | ama must he d | istinguishable and contain | n the words "Limited Liability Company," the designation "LLC" of | ne the abbreutation III (C 1 |
| | | | | of dig gobieviation E.E.C. |
| Enter ne | w principa | offices address, if a | pplicable: | |
| (Principa | <u>al office add</u> | ress MUST BE A ST | TREET ADDRESS) | |
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| | | | and/or registered office address on our records, | enter the name of the new |
| registere | d agent and | l/or the new register | red office address here: | |
| | | | | |
| | Name of No | w Registered Agent: | · · · · · · · · · · · · · · · · · · · | |
| | New Rogist | ered Office Address: | | |
| | TION TORISI | <u>~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u> | Enter Florida street address | |
| | | | T Y1 | (1 . |
| | | | , Flor | Ida Zip Code |
| | | | ~~~ <u>~</u> ~~~ | |

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

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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> | Name | Address | Type of Action |
|--------------|--|--------------------|----------------|
| AMBR | ANDRES GOMEZ | 10825 NW 33 STREET | 🖬 Add |
| | | MIAMI, FL 33172 | |
| | | | |
| | | | □ Add |
| | | | 🗌 Remove |
| | | | Change |
| | | | TALLAHASS |
| | | <u></u> | AHETO KONOVE |
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| Notet, If (| date; if other than the date of filing: |
| | |
| If the recor (6) The 90 | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: It's day after the record is filed. |
| | 11/2 16 |
| Dated | |
| | Signature of a number or authorized representative of a murber |
| | |
| | ANDRES GOMEZ Typed or printed name of signet |
| | |
| | |

D. If amending any other information, enter change(s) here: (Attack additional sheets, if necessar

