L14000 157871

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300266227843

11/10/14--01054--002 **25.00



1 Sumers NOV 1 8 2014

COVER LETTER

Division of Corp			
SUAREZ SUBJECT:	FAMILY LIMITED LIA	BILITY COMPANY	
SUBSECT.	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	ELIZABETH LAO		
1		Name of Person	
•	SMGQ LAW		
		Firm/Company	
	201 ALHAMBRA CI	RCLE, STE 1205	
		Address	
	CORAL GABLES, F	L 33134	
		City/State and Zip Code	
	ELAO@SMGQLAW.		
		to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
ELIZABETH LAO		305 377-1000	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

SUAREZ FAMILY LIMITED LIABILITY COMPANY

(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 villerida document number L14000153871	vere filed on 10/01/2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the abl	oreviation "L.L.C."	_
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	The state of the s		
			_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			_
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		he name of the	new
The second secon		2 .00	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	AND	-
	, Florida	S In	<u>;</u>
New Registered Agent's Signature, if changing Registered Agent:	City 5		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am fai vovided for in Chapter 605, F.S. Or, if	miliar with and this document is	

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:

<u>Title</u>	<u>Name</u>	. Address	Type of Action
MGR	MARC SUAREZ	1650 GALIANO STREET, TH 13	Add
		CORAL GABLES, FL 33134	☐ Remove
MGR	ANAELY G. SUAREZ	1650 GALIANO STREET, TH 13	Add
1		CORAL GABLES, FL 33134	□ Remove
			□ Add □ Remove
			□ Add
			Remove NOV 10 AM 9: SHOWN ALL AHA SEEE, LORIDA

date of receipt or filed o	ate and cannot be more	(optional) than 90 days after
2014		
Eu		
f a member or authorize	l representative of a me	mber
INA, RA/ ATTY-	N- FACT	
ti oi	tment of State) 2014 Compared to the compare	o date of receipt or filed date and cannot be more tment of State)

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SHARE PALLAHASSEE, FLORIDA