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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone Fax Number : (305)552-5973 : (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.

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Corporate Filing Menu

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BILMORE TITLE

#0240 P. 002/004 PAGE 65/6/

ARTICLES OF AMENDMENT OT

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ARTICLES OF ORGANIZATION

	4			
SORVETTO GROUP LLC	Company as it now appears on our I	(ecords.)		
(A Plorida L	Company as it now appears on our rinked Liability Company)			
The Articles of Organization for this Limited Liability Con Florida document number L14000168675	mpany were filed on 10/29/2014		_ and assigned	
	,			
This amendment is submitted to amend the following:	•		1	
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designatio	n. "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRI	ESS)			
				_
	<u></u>			7
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		·- <u></u>		1
(FAMILIAN COMPLETE STATE BE A FUNK OFFICE BOX)		75.00 37		
				<u>.</u> !
B. If amending the registered agent and/or regist	ered office address on our r	ecords enter the	he name of the	,
registered seent and/or the new registered office addr	ess pere:	S:230		Ť
•	· ,			1
Name of New Registered Agent:		四00 量		į
New Registered Office Address:	•	元 元 元 元 元 元		ł
	Enter Florida stree	t address	<u>-</u>	 -
•		. Florida		i
	City		Zip Code	_
New Registered Agent's Signature, if changing Registered	Agenti		i	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my dui ent as provided for in Chapter	ties, and I am fai c 605. F.S. Oz. ti	miliar with and	
•	If Changing Registered Agent, Sign	patnes of Na- Dani	stand A court	
•		WALLS AND LOSS OF TAXABLE PARTY.	PER EA WEER	
	Page 1 of 3			

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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 AMER = Authorized Member

Title	Name	Address	Type of Action
MGR	CAIAZZO POLEO, JUAN D	5945 NW 102 AVENUE, B-10	D Add
			■ Remove
•	• .		☐ Change
MGR	MORA, JOSE G	5945 NW 102 AVENUE, B-10	Add
		DORAL, FL 33178	≅ Remove
			☐ Change
MGR	PARDO, KONRAD A	5945 NW 102 AVENUE, B-10	- S B Sild
		DORAL, FL 33178	SE REMOVE
			30 change
MGR	MUNARRIZ, JOSE	5945 NW 102 AVENUE, B-10	EAde O
		DORAL, FL 33178	D Remove
			☐ Change
 ,			Add
			□ Remove
			Change
<u></u>			Add
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			☐ Change

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ective date, if other than the date of effective date is listed, the date must be speci	filing:	(opt	ional)
effective date is listed, the date must be speci e: If the date inserted in this block does ument's effective date on the Departmen	s not meet the applicable statutor	ig or more than 90 days after y filling requirements, th	er filing.) Pursuant to 605. Is date will not be liste
record specifies a delayed effect he 90th day after the record is t		tive time, at 12:01	a.m. on the earlie
September 29	2015		
1/	Z.		
Simstur	e of a member or authorized represe	ntative of a member	
		-	•

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