

May. 1. 2015 5:42PM

Division of Corporations

No. 2811 P. 1

U400013065

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000107597 3)))



H150001075973ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAW OFFICE OF ALEXIS GONZALEZ, P.A.  
Account Number : I2014000097  
Phone : (305)223-9999  
Fax Number : (305)223-1880

FILED  
15 MAY -4 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: alexis@aglawpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FRAY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

REG-100  
15 MAY -4 AM 10:00  
DIVISION OF CORPORATIONS  
PLEASE USE ONLY ORIGINAL  
INFORMATION SERVICES

MAY 05 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

May. 1. 2015 5:42PM

No. 2811 P. 2

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FRAY, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER A. COYA, ESQ. / ALEXIS GONZALEZ, ESQ.

\_\_\_\_\_  
Name of Person

LAW OFFICE OF ALEXIS GONZALEZ, P.A.

\_\_\_\_\_  
Firm/Company

3162 COMMODORE PLAZA, SUITE 3E

\_\_\_\_\_  
Address

COCONUT GROVE, FLORIDA 33133

\_\_\_\_\_  
City/State and Zip Code

JCOYA@AGLAWPA.COM / ALEXIS@AGLAWPA.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
15 MAY -4 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JENNIFER A. COYA / ALEXIS GONZALEZ

at ( 305 ) 223-9999

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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

FRAY, 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 November 26, 2014 and assigned Florida document number L14000183065

This amendment is submitted to amend the following:

A. **If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
15 MAY -4 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

B. **If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, 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, Signature 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>	<u>Address</u>	<u>Type of Action</u>
MGR	RAMON D. ALMANAZAR	c/o TEAM OTERO	<input type="checkbox"/> Add
		550 BILTMORE WAY,PH 2-A&B	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	FARY ALMANAZAR	c/o TEAM OTERO	<input type="checkbox"/> Add
		550 BILTMORE WAY,PH 2-A&B	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	RAMON D. ALMANAZAR	c/o TEAM OTERO	<input type="checkbox"/> Add
		550 BILTMORE WAY,PH 2-A&B	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	FARY ALMANAZAR	c/o TEAM OTERO	<input checked="" type="checkbox"/> Add
		550 BILTMORE WAY,PH 2-A&B	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 MAY -4 AM 9:59  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15 MAY -4 AM 9:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**FILED**

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
 (If an effective 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 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
 (b) The 90th day after the record is filed.

Dated \_\_\_\_\_

*Ramon Almanzar*      dddpp varfthd  
 MAY 01 5 3:56PM EDT  
 TMO-V-RQLB-7CEB-ALGO

Signature of a member or authorized representative of a member

Ramon D. Almanzar

Typed or printed name of signer