L15000041078

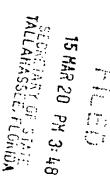
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COVER LETTER _

TO:	Registration Sec Division of Corp			
CUDIE		ANADA GROUP LLC		
SUBJE	CT:	Name of Limi	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		CORINA SMITH		
			Name of Person	
		TAXCARE DORAL		
			Firm/Company	
		1400 NW 107TH AV	ENUE STE 209	
			Address	
		MIAMI, FL 33172		
			City/State and Zip Code	
		corina.smith@taxcare	einc.com to be used for future annual report notific	ation
For fun	ther information co	oncerning this matter, please ca	•	attori
Corin	a Smith		at ()	
	Name of	f Person	Area Code Daytime T	Felephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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

NEW GRANADA GROUP LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L15000041078	Company were filed on March 05, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	(RESS)	MAR 20 P
Enter new mailing address, if applicable:		English S
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ade		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	·
	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 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:

i i	,	
MGR = Manager		
AMBR = Authorized Membe	•	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	TANIA ARRAZOLA PAZ	5548 NW 113RD PL	A dd
		DORAL, FL 33178	□ Remove
			Add
			Remove
			□ Add
			□ Remove
		-	□ Add
			Remove
			□ Remove
			I Kelliove

-		
fective date, if othe	r than the date of filing:	(optional)
	r than the date of filing: specific, cannot be prior to date of receipt or filed date and cannot be miled by the filed by	(optional) ore than 90 days after
ne date this document is fi	iled by the Florida Department of State)	(optional) ore than 90 days after
ne date this document is fi	iled by the Forida Department of State)	optional) ore than 90 days after
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ne date this document is fi ated MARCH 13	iled by the Forida Department of State)	

Page 3 of 3

Filing Fee: \$25.00