L15000101533

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 2000 COYAL GYOUP, 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:
David Lopez, Erg. Name of Person Rodon Law, PLCC Firm/Company
201 Alhambra Circle, 31, te 504
Coral Gables, FL 33134 City/State and Zip Code DLOPEZ @ SRALAW. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Lopez at (305) 445-3881 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate Opy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certificate Opy (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

2000 Cover lovory	, LLC	ando)		
(A Flori	da Limited Liability Company)	jras.)		
The Articles of Organization for this Limited Liability Florida document number <u>L15000101533</u>	Company were filed on <u>b/10/</u>	and assigned		
This amendment is submitted to amend the following:				
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 "L.L.C." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:				
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
		AF 6 1		
		26		
Enter new mailing address, if applicable:	 	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)				
		26 RID		
		rds, enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	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>	Address	Type of Action
MGR	Juan Luis Mantilla	1825 Ponce De Leon Blad.	
		Svile 345	Remove
		Coral Gables, FL 33134	Change
MGR	Ricardo Mantilla	1825 Ponce De Leun Blyd	Add Add
		Suite 345	Remove
		Corel Gabler, FL 33134	☐ Change
			
		Remove	
			Change
			D Add
MGR Ricardo Man			Remove
			Change
			Add
			Remove ALL Change - ALL Change
			Add FG Add FG Refrove RAFE Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)	
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Note: document	ve date, if other than the date of filing: \(\frac{\lambda/\lambda}{\lambda} \) (option tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after of the date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	filing.) Pursuant to 6 date will not be li	sted as
The	90th day after the record is filed.		
Dated ₋	August 24, 2015.	15 A	emain of the
	Signature of a member or authorized representative of a member	16 2 116 2	
	DOVID Lopez - Agrat. Typed or printed name of signee	- 1232 の - 1232 の - 1232 の	:
	ryped or printed name of signee	F STA	
	Page 3 of 3	: 26 TATE ORID/	

Filing Fee: \$25.00