

L15000103016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

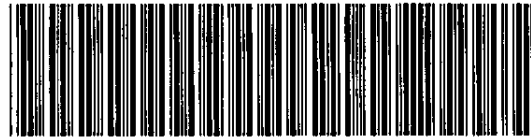
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400292129054

12/19/16--01008--008 **25.00

FILED

2016 DEC 19 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

DEC 20 2016

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Equimeflo Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 DEC 19 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/10/2015 and assigned Florida document number L15000103016.

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)

340 Racquet Club Rd

Unit 101

Weston, fl 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

340 Racquet Club Rd

Unit 101

Weston, Fl 33326

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:

AV Accounting Associates Corp

New Registered Office Address:

1500 Weston Rd, Ste 214

Enter Florida street address

Weston

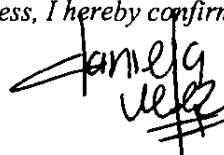
City

Florida 33131

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	ALBINE A GARCIA	20000 E COUNTRY BLV	<input checked="" type="checkbox"/> Add
		Aventura, Fl 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEJANDRO TOVAR PEROZA	340 Racquet Club Rd	<input type="checkbox"/> Add
		Unit 101	<input type="checkbox"/> Remove
		Weston, Fl 33326	<input checked="" type="checkbox"/> Change
MGR	ARISSAY C TOVAR PEROZA	340 Raquet Club Rd	<input type="checkbox"/> Add
		Unit 101	<input type="checkbox"/> Remove
		Weston, Fl 33326	<input checked="" type="checkbox"/> Change
MGR	MARIO J ANZOLA	340 Raquet Club Rd	<input type="checkbox"/> Add
		Unit 101	<input type="checkbox"/> Remove
		Weston, Fl 33326	<input checked="" 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

FILED
2016 DEC 19 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
2016 DEC 19 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

(b) The 90th day after the record is filed.

Dated _____, _____

Signature of a member or authorized representative of a member

ARISSAY TOVAR

Typed or printed name of signee