

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : AT PLUS CORP

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Phone

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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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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GTP GROUP LLC

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Electronic Filing Menu

Corporate Filing Menu

No v: 24. 2015 10:57AM

No. 8259 P. 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OUP LLC			
(Name of the Limited Limited Comp. (A Florida Limited	any as it now appears on o Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L-15000134891</u> .	were filed on 08/06/20	015	and assigned	
This amendment is submitted to amend the following:				
A. If umending name, enter the new name of the limited lial	ollity company here:			
The new name must be distinguishable and contain the words "Limited Liabs	ility Company," the designa	tion "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Malling address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		records, <u>enter tl</u>	ie name of the new	
				
New Registered Office Address:	Enter Florida street address			
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	uties, and I am fan er 605; F.S. OF if	niliar with and this <u>do</u> cument is	

Nev. 24. 2015 11:04AM

No. 8259 P. 3/4

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	VICTOR MANUEL FORMOSO P	11467 NW 50 TH TERRACE	■ Add
•		DORAL FL 33178	□ Remove
			☐ Change
AMBR	RENATA RAMIA DE VASQUEZ	11467 NW 50TH TERRACE	Add
	•	DORAL FL 33178	
			□ Change
			Add
		·	□ Remove
			☐ Change
 · .			
			□ Remove
			□ Change
			Add
			□ Remove .
			2015 NOV 24 SEGRETARY
			P Remove
			9: 20 TATE ORID

Filing Fee: \$25.00