

L15000136253

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.

(((H15000273340 3)))



H150002733403ABCZ

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA INVERSIONES LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

15 NOV 16 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 17 2015
J. HARRIS

H15000273340

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

FLORIDA INVERSIONES 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 08/12/2015 and assigned
Florida document number L15000136253

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:

(Mailing address MAY BE A POST OFFICE BOX)

**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

City, Florida 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

H15000273340

09/27/2033 04:45

#1931 P.003/004

/16/15 09:28AM PST '3055727043' -> 3052201440

H15000273340

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

Title	Name	Address	Type of Action
AMBR	LUIS P PEREZ SOUTS	12850 SW 43RD DR #250B	☐ Add
		MIAMI, FL 33175	☒ Remove
			☐ Change
AMBR	FELIPE A GUTFARRO	12850 SW 43RD DR #250B	☒ Add
		MIAMI, FL 33175	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2033 NO 16
STATE OF FLORIDA
TALLAHASSEE

H15000273340

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

[illegible]

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

Dated 11/16/2015.

~~X~~ ~~11/16/2011~~ ~~11/16/2011~~

Signature of a member or authorized representative of a member

MARTIN D GONZALEZ

Typed or printed name of signee

Page 3 of 3

2015 NOV 16 AM 9:14
SECRETARY OF DEFENSE
TALLAHASSEE FL 32304

H 15000273340