

9/27/2016

Division of Corporations

# L15000160674

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FORCALBER SERVICES INC  
Account Number : 120150000098  
Phone : (305)713-9142  
Fax Number : (815)550-9948

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

Email Address: ACC. ALBER@Hotmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW LIVING SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2016 SEP 28 AM 10:28

TALLAHASSEE, FLORIDA

SEP 29 2016  
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

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

**NEW LIVING SOLUTIONS 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 09/21/2015 and assigned Florida document number L15000160674.

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 end with 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)

11401 SW 40TH ST

SUITE 260

MIAMI, FL 33165

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11401 SW 40TH ST

SUITE 260

MIAMI, FL 33165

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:

MARCO A PEREZ

New Registered Office Address:

11401 SW 40TH ST STE 260

Enter Florida street address

MIAMI

City

Florida 33165

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICHARD J RODRIGUEZ ALVES	7476 NW 115TH CT	<input type="checkbox"/> Add
		MIAMI, FL 33178	<input checked="" type="checkbox"/> Remove
MGR	MARCO A PEREZ ESPARIS	11401 SW 40TH ST	<input checked="" type="checkbox"/> Add
		SUITE 260	<input type="checkbox"/> Remove
MGR	VALENTINA V HERNANDEZ DUQUE	11401 SW 40TH ST	<input checked="" type="checkbox"/> Add
		SUITE 260	<input type="checkbox"/> Remove
		MIAMI, FL 33165	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

...enter change(s) here: (Attach additional sheets, if necessary.)

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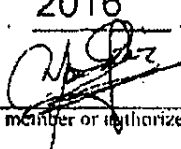
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 23 2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MARCO A PEREZ

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
16 SEP 28 AM 9:00