

09/16/2016 13:30 PDT

TO:18506176383 FROM:7862171243

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H16000231238 3)))



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

From: Account Name : JP GLOBAL BUSINESS
Account Number : I20130000083
Phone : (305)436-0093
Fax Number : (305)436-0094

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

Email Address: _____

16 SEP 16 AM 9:13

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP 16 PM 5:07

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NAVAMONT LLC

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

SEP 19 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

(H16 000 231238 3)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAVAMONT 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 09/24/2015 and assigned
Florida document number L15000162868.

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**)

950 SW 57TH AVE

APT 510

WEST MIAMI, FL 33144

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

950 SW 57TH AVE

APT 510

WEST MIAMI, FL 33144

**B. If amending the registered agent and/or registered office address on our records, enter the name of the
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SOPHOS CONSULTING GROUP CORP

New Registered Office Address:

1395 BRICKELL AVE STE 1380

Enter Florida street address

MIAMI

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

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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 |
|-------|--------------------------|----------------------|--|
| MGR | NAVARO VARELA, RAFAEL | 950 SW 57TH AVE | <input type="checkbox"/> Add |
| | EDUARDO | APT 510 | <input type="checkbox"/> Remove |
| | | WEST MIAMI, FL 33144 | <input checked="" type="checkbox"/> Change |
| MGR | MONTERO DE JUANARO, NORA | 950 SW 57TH AVE | <input type="checkbox"/> Add |
| | | APT 510 | <input type="checkbox"/> Remove |
| | | WEST MIAMI, FL 33144 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

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

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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)

Notes: 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 September, 14, 2016

Signature of a member or authorized representative of a member

RAFAEL EDUARDO NAVARRO URICH

Typed or printed name of signer

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