

12/31/15

Division of Corporations

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 : MARTIN ACCOUNTING & TAX SERVICE, INC
Account Number : I20060000012
Phone : (305)826-5886
Fax Number : (305)722-0535

****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
CONINFRA, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 04 2015

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Electronic Filing Menu

Corporate Filing Menu

Help

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

CONINFRA, 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 10/19/2015 and assigned
Florida document number L15000177441

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:

18501 PINES BLVD STE 343

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES, FL 33029

Enter new mailing address, if applicable:

18501 PINES BLVD STE 343

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES, FL 33029

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

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>
AMBR	DA GRACA, MAURICIO	9531 SEAGRAPE DR APT 308	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

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FBI MIAMI


1. The first group of people who are interested in the study of the history of the United States are the people who are interested in the history of the United States.

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

CEMBER 3, 2015



Signature of a member or authorized representative of a member

MILDRED GOMEZ

Typed or printed name of signee