

L15000178884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

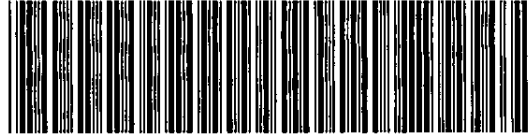
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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11/30/15--01030--025 **30.00

DEC 01 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

INMOBILIARIA SAN ARMANDO USA LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN PABLO O'RYAN

Name of Person

INMOBILIARIA SAN ARMANDO USA LLC

Firm/Company

2400 CROWNPOINT EXECUTIVE DR, SUITE 300

Address

CHARLOTTE, NC 28227

City/State and Zip Code

TALY@SPICLT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TALY BRINZEY

980 253-5661

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**TO
ARTICLES OF ORGANIZATION
OF**

INMOBILIARIA SAN ARMANDO USA 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 OCTOBER 21, 2015 and assigned
Florida document number L15000178884.

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)

2400 CROWNPOINT EXECUTIVE DR, SUITE 300

CHARLOTTE, NC 28227

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

Florida

City

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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DEPARTMENT OF
TREASURY
FILED

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	TALY CIKUREL BRINZEY	1201 BERRY RIDGE RD	<input type="checkbox"/> Add
		CHARLOTTE NC 28270	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN PABLO O'RYAN	2400 CROWNPOINT EXEC DR	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		CHARLOTTE NC 28227	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STATE OF FLORIDA
TALLAHASSEE

Any Other Provision(s) - Optional (Purpose, Statements, etc.):

ALL ALLOWABLE PURPOSES DIRECTLY OR INDIRECTLY RELATED TO REAL ESTATE

Lined area for optional provisions, currently blank.

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)

Note: 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.

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.

Dated NOVEMBER 24, 2015

Signature of a member or authorized representative of a member

TALY BRINZEY

Typed or printed name of signee

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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