

DEC/16/2015 WED 12:18 PM
12/16/2015

FAX No.

001

L15000184123

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REBESA GROUP LLC

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DEC 17 2015

Electronic Filing Menu

Corporate Filing Menu

Y SULKER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REBESA GROUP 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 10/29/2015 and assigned
Florida document number L15000184123

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

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P. 003

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>
MBR	ANGEL E. REYES BERTI	6010 NW 99TH AVE	☒ Add
		UNIT 100	☐ Remove
		DORAL, FL 33178	☐ Change
MBR	IVAN J. REYES	6010 NW 99TH AVE	☐ Add
		UNIT 100	☐ Remove
		DORAL, FL 33178	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 12-16-15 BY 60321
2015

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

Please add EIN#: 47-5519990

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 G.S. 62-107 (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 DECEMBER 1ST

2015

Signature of a member or authorized representative of a member

IVAN J. REYES

Typed or printed name of signer