## 15000193342

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<i>⇒ #</i> )
PICK-UP	WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Sign		

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2017

EL CID OF POMPANO BEACH, LIMITED LIABILITY COMPANY MARIE V KAMPHIUS-RODIRGUEZ 3821 NE 34TH AVE. FORT LAUDERDALE, FL 33308

SUBJECT: EL CID OF POMPANO BEACH, LIMITED LIABILITY COMPANY Ref. Number: L15000193342

We have received your document for EL CID OF POMPANO BEACH, LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 117A00001552

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 MAR 13 PM 4:14

SECRETARY OF STATE
ALLAMASSEE, FLORIDA

EL CID Of Pompano Beach

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Liability Company)	CE. FLORIDA		
The Articles of Organization for this Limited Liability Company	were filed on 11/16/2015	and assigned		
Florida document number L15000193342				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	•	previation "L.L.C."		
Enter new principal offices address, if applicable:	Marie V. Kamphius-Rodirguez			
(Principal office address MUST BE A STREET ADDRESS)	3821 NE 34th Avenue			
•	Fort Lauderdale, FL 33308	<u>.</u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new		
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am foorovided for in Chapter 605, F.S. Or,	ımiliar with and if this doçument is		

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>	Address	Type of Action
MGR	Marie V. Kamphuis-Rodriguez	3821 NE 34th Avenue, Fort Lauder	■ Add
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Page 3 of 3

Filing Fee: \$25.00