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: CORP USA

Account Number: 072450003255

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Fax Number

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPLENDOR MAINTENANCE LLC

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COVER LETTER

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SUBJECT: Spiendor N	Inintenance LLC		
	Nume of Lin	nited Liability Compuny	
The enclosed Articles of	Amendment and for(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carlos Alberto Castro		
		Name of Person	
	Castro & Ramirez, LLC		
		Pirm/Company	
	1805 Ponce de Leon Blvd.	, Suite 500	
		Address	
•	Coral Gables, Florida 3313		
	cacastro@castroramirez.co	City/State and Zip Code	
		to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
Carlos Alberto Castro		305 372-2800 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
Registr	ING ADDRESS:	STREET/COURI Registration Section	n
	n of Corporations ex 6327	Division of Corpor Clifton Building	ations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Splendor Maintenance LLC			The state of the s
(Name of the Limited Liability (A Florida	v Company I Limited Linb	it new appears on or lity Company)	r records.)
The Articles of Organization for this Limited Liability Co. Florida document number L15000201772	ompany we	re filed on 12/7/15	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liabilit	company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability	Company," the designati	on "LLC" or the ubbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u>ES9)</u>		
	_		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE BOX)	_		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addring the new Registered Agent:		address on our	records, enter the name of the new
New Registered Office Address:			
Mew respected villes Address.		Enter Florida stre	et address
			, Florida
		City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete per ent as pro	formance of my du vided for in Chapte	tles, and I am familiar with and r 605, F.S. Or, if this document is
and a parameter of the content of th			and the second of the second of the second of
	If Changing	Registered Agent, Sic	nature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added ar removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Diversified Financial Strategies LLC	2506 Ponce de Leon Blvd.	🗖 Add
		Suite 750	☐ Remove
		Coral Gables, Florida 33134	☐ Change
·			D Add
			□ Келюус
			☐ Change
			Change
			C Remote
	•		Change Change
			DAdd 33 9
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
And the second second			□ Remove
			□ Change

Page 2 of 3

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Note: If the dute i	inserted in this block o	e of filing: pecific and cunnot be prior loes not meet the applic ment of State's records.	able statutory filing rec	(optional) han 90 days after filing.) Pu juliements, this date wil	rsuant to 605.0207 (3)(b) I not be listed as the
e record speci The 90th day	ifies a delayed eff after the record	ective date, but no is filed.	t an effective time	e, at 12:01 a.m. on	the earlier of:
December :	30	2015	<u> </u>		
X	Sign	ature of a member or nuth	prized representative of a	member	
Caulaa	Alberto Castro				

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Filing Fee: \$25.00