

L16000003942

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000017729 3)))



H160000177293ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

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

Email Address: _____

RECEIVED

2016 JAN 21 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FIESTA WAY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 21 A 9:10

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 22 2016

S MASON

1/21/2016

H16000017729

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

FIESTA WAY, 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 01/08/2016 and assigned
Florida document number L16000003942

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)

5353 NORTH FEDERAL HIGHWAY

SUITE 402

FORT LAUDERDALE, FL 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5353 NORTH FEDERAL HIGHWAY

SUITE 402

FORT LAUDERDALE, FL 33308

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

H16000017729

FILED
JAN 21 4 10
CLERK OF STATE
TREASURY
FLORIDA

H16000017729

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>
--------------	-------------	----------------	-----------------------

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ ChangeSECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 21

9:10

FILED

H16000017729

H16000017729

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

ADDRESS FOR AUTHORIZED MEMBER SHOULD BE:

5353 NORTH FEDERAL HIGHWAY

SUITE 402

FORT LAUDERDALE, FL 33308

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 JANUARY 21, 2016

Signature of a member or authorized representative of a member

ROBERT HAYDEN, organizer, registered agent

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2016 JAN 21 A 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H16000017729