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To:

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

From:

Account Name : TORRES & VADILLO, LLP  
Account Number : I20150000038  
Phone : (305)485-9700  
Fax Number : (305)436-0191

**\*\*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

FARIA CA LLC

Certificate of Status	0
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D. BRUCE  
JAN 27 2017

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FARIA CA 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 02/25/2016 and assigned  
Florida document number L16000040224

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**)

7950 NW 53 Street

Suite 337

Miami, Florida 33166

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

7950 NW 53 Street

Suite 337

Miami, Florida 33166

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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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>
MGR	Jose Jose Faria Urbina	5751 NW 112 Avenue	<input type="checkbox"/> Add
		Suite 203	<input checked="" type="checkbox"/> Remove
		Doral, FL 33178	<input type="checkbox"/> Change
MGR	Leonardo Jose Faria Urbina	7950 NW 53 Street	<input type="checkbox"/> Add
		Suite 337	<input type="checkbox"/> Remove
		Miami, Florida 33166	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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