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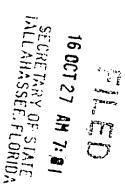
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO:	Registration Sect Division of Corpo			
	TECHNIPHO	ONE, LLC		
SUB	JECT:	Name of Limit	ed Liability Con:pany	
The e	nclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Pléas	e return all correspon	dence concerning this matter t	o the following:	
		FERNANDO M. SOCOL,	ESQ	
			Name of Person	
		NEGOCIOS EN USA - a la	w firm	
•			Firm/Company	
		201 S. BISCAYNE BLVD.	, STE 905	
			Addres :	
		MIAMI, FL 33131		
			City/State and Zip Code	
		ggardila@negocios-enusa.co	om o be used for future annual report notifica	ion
5 0			·	11011)
For fi	irther information col	ncerning this matter, please ca	II;	
FERI	NANDO M. SOCOL		786 272-0001 at ()	
	Name of	Person	Area Code Daytime Te	elephone Number
Enclo	sed is a check for the	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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on Limited Liability Company)	our records.)	
mpany were filed on MARC	H 21, 2016	_ and assigned
_ '		
ed liability company here:		
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ed Liability Company," the designa		viation "L.L.C."
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red office address on our ss here:	records, enter the	name of the
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Fnjer Flavida str	eat address	
Emer Florida Sir	,	
City		ip Code
	ed Hability company here: ed Liability Company," the designated Liability Company," the designated office address on our ss here: Enter Florida str	red office address on our records, enter the ss here: Enter Florida street address Florida

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

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

Title	Name	Address	Type of Action
MGR	Ray Emilio NIEVES GARCIA	3319 NW 101 St. Avenue., Coral '	■ Add
			□ Remove
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ctive date, if other than the date of filing:	_	(optional)	
effective date, is listed, the date must be specific and cannot be prior to ce. If the date inserted in this block does not meet the applicable	late of filing or more than 9	10 days after filing.) F	fursuant to 605.0
ument's effective date on the Department of State's records.		•	
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record specifies a delayed effective date, but not a he 90th day after the record is filed.	n errective time, at	: 12:01 a.m. or	i the earlie
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OCTOBER 18 , 2016	!) /		
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Page 3 of 3

Filing Fee: \$25.00