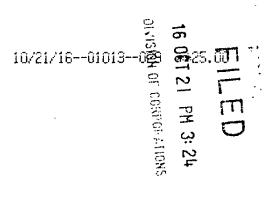
L16000081551

(Requestor's Name)
(Address)
74.70
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_





300291450643



O SIMMONS OCT 2 4 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOVIDA24	4 LLC	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our receited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/26/2016	and assigned
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 I	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	S)	16 OC
		2 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		L
		x E
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		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

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>	Name	Address	Type of Action			
MGR	ALEQUIPO SERVICES LLC	10500 SW 72 AVE,				
		MIAMI, FL 33156	□ Remove			
			☐ Change			
MGR	MOVIDA24 INVESTMENTS LLC	101 MARKETSIDE AVE				
		SUITE 404-324	□ Remove			
		PONTE VEDRA, FL 32081	☐ Change			
MGR	JAVELYN ARVAY	101 MARKETSIDE AVE	□ Add			
		SUITE 404-324	■ Remove			
		PONTE VEDRA, FL 32081	☐ Change			
			Add OIVISE Remove TO Change PH OF DIRPOSE Adde: Remove			
			☐ Change			
			☐ Remove			
			Change			

				, , , , , , , , , , , , , , , , , , ,			
,							-
							-
		 <u>.</u>	<u></u> ,		<u> </u>	<u></u>	-
				 			
		<u>.</u>			<u> </u>	16 0	
			·····			OCT 21 PM 3: 24	ا معن معنع
•			· · · · · · · · · · · · · · · · · · ·			21 P	
						PH 3:	í
						1104	i
						₹ñ	
							•
							•
			<u></u>				
							
							
							,
iffective date, if other than the date of fan effective date is listed, the date must be	specific and can	not be prior to	date of filing o	more than 90 da	(optional) ys after filing.)	Pursuant to 605	.0207
Note: If the date inserted in this block document's effective date on the Depart	does not meet	the applicat	ole statutory fi	ling requiremen	its, this date w	rill not be liste	ed as
e record specifies a delayed ef	fective date is filed.	e, but not	an effective	e time, at 12	:01 a.m. o	n the earlie	er of
The 90th day after the record							
The 90th day after the record OCTOBER 17	2	2016					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00