

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383 Account Name : VARGAS, PIEDRA & CO.

From:

Account Name : VARGAS, PIEDRA Account Number : J20070000148 Phone : (305)671-0003 Fax Number : (305)671-6263

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	FE FINANCIAL L nited Liability Com (A Florida Limited	LC pany as it now appears of d Liability Company)	n our records.)		
The Articles of Organization for this Limited Florida document number 1.16000100381	Liability Compan	y were filed on <u>MAY</u>	23, 2016	and assigned	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited lia	bility company here:	:		
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the desig	nution "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A		-	
(Principal office address MUST BE A STRE	<u>'ET ADDRESS)</u>	- <u></u>			
Enter new mailing address, if applicable:				16	
(Mailing address MAY HE A POST OFFICE BOX)					
B. If amending the registered agent and registered agent and/or the new registered	d/or registered ( office add <u>ress he</u>	office address on ou <u>rc</u> :	ir records, <u>enter it</u>	e name of the new	
Name of New Registered Agent:	N/A			· •	
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

## If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	VALE GOMES, LUIS FELIPE	9100 S. Dadeland Blvd. Ste 912	Add
		Miami, Fl 33156	Remove
			Change
MGRM	VALES GOMES, LUIS FILIPE	9100 S. Dadeland Blvd. Stc 912	<b>≅</b> Add
		Miami, Fl 33156	Remove
			Change
			🗖 Add
			C Remove
			Change
			Add
			Remove
			Change
			Change
			🗆 Add
			Remove
			Change

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

N/A	<u></u>
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	,
	P.,
	<b>Lu</b> l
	(optional)
tive 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 6-805.0207 (3)(b) <u>Note:</u> 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 MAY 27	, 2016	
X		
<u>.</u>	Hurelio A Piedrg / Registereo 1	Agent
	Typed or printed name of signee	

Page 3 of 3 Filing Fee: \$25.00