Fax: (850) 617-6383

Te:

Page 2 of 5 07/05/2017 4 29 PM

Page 1 of 2



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.

(((1117000175869 3)))



H179001758693ABCE

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 : GUZMAN & GUZMAN, P.A.

Account Number: 120080000090 Phone: (305)670-1991 Fax Number: (305)670-1993

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

	Address:	
>:maii	Address:	

117 JUL - 5 AM BE BE LUMETAN () TORIGA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRANCO 3809 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

17 JUL -S AH IO: 41

Electronic Filing Menu

Corporate Filing Menu

Helpjul 06 2017

From: Paola Canchez Fax: (305) 970-1991

To:

Fax: (350) 617-6381 Page 3 of 5 07/05/2017 4 29 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \mathbf{OF}

FRANCO 3809 LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ry as it now appears on our record	<u>s.)</u>
(A Florida Limited L	lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L16000139312		일 스
riorida document number		\$ 7 7
This amendment is submitted to amend the following:		and assigned T JUL -5 AM OF COMM
A. If amending name, enter the new name of the limited liabi	lity company here:	
A, it will did g have query the new matter of the matter		
		<u></u>
The new name must be distinguishable and contain the words "Limited Liabil		<u> </u>
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
a tine gar office address moot business.		
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	Gee address on our records	s, enter the name of the new
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	e	,,
repintered agent and/or the new registered office address neve	•	
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street address	Z.
	FIZ	orida
	Cuy,	orida
	•	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office	performance of my duties, an rovided for in Chapter 605,	nd Lam familiar with and F.S. Or, if this document is
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>	<u>Name</u>	Address	Type of Action
MGR	G & G MANAGEMENT US LLC	9130 S DADBEAND BLVD	
		STE 1509	■ Remove
		MIAMI, FL 33156	□ Change
MGR	CARLOS DANIEL SCHUSTER	9130 S DADELAND BLVD	
		STE 1509	
		MIAMI, FL 33156	
MGR	VIVIAN NASSER	9130 S DADELAND BLVD	□ Change
		STE 1509	
		MIAMI, FL 33156	☐ Remove
		ş¹	Change
			□ Remove
			Change
			DIVISION G. CC. G. C. C. C. G. C. C. C. G. C.
			Reprove
			. (2)
			☐ Remove
			Change

D. If amending	any other informat	lion, enter chang	ge(s) here: (Att	tach additiona	! sheets, if necess	01.11510H CT	
						01.41510H OT C.	
						01.41510H OT COM	
						OLVISION OF CAME	
						01/1510H OT CITY	
						01.41510H OT COM	
						OLVISION OF COM	
						OKISIOH OF CAME	75
						17 DOL CL CAN	75
						OKISION OF COM	75
						ISION OF COM	75
						2 F	5
						· · · · · · · · · · · · · · · · · · ·	ن - معد
						-	
						C	王
	•						AH 10: 41
						<u> </u>	
							-
	***						_
							_
							-
<u>Note:</u> If the di	e, if other than the c ne is listed, the date must ate inserted in this bloo fective date on the Dep	ck does not meet t	he applicable sta	of filing or more t stutory filing rec	(optiona han 90 days after fili quirements, this da	al) ng.) Pursuant to 60: ite will not be list	5.0207 (ted as ti
If the record sp (b) The 90th (pecifies a delayed day after the reco	effective date, rd is filed.	but not an e	ffective time	e, at 12:01 a.m	n. on the earli	er of:
Dated	5	20	17				
; yaicu		den	Plan				
		Lignature of a numb	er of authorized re	presentative of a	member		

Page 3 of 3

Typed or printed name of signee