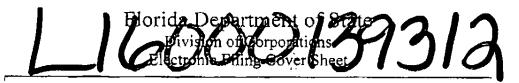
Page 1 of 2



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(((H170001942013)))



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To:

Division of Corporations

Fax Number : (650) 617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

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

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

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANCO 3809 LLC		
(Name of the Limited Liability ((A Florida Li	ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Corr Florida document number <u>L16000139312</u> .	npany were filed on 07/25/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	(*)
Enter new principal offices address, if applicable:		17
(Principal office address MUST BE A STREET ADDRES	<u> </u>	102 0
		= 23 F
		ED : IF
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		- SHC
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	"Enter Florida street address	
· 	, Florida	Zio Code
	City	My Cirac

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

1.

<u>Title</u>	Name	Address	Type of Action
MGR	SCHUSTER, CARLOS DANIEL	9130 S DADELAND BLVD	
		SUITE 1509	■ Remove
		MIAMI, FL 33156	Change
MGR	NASSER, VIVIAN	9130 S DADELAND BLVD	□ Add
		SUITE 1509	■ Remove
		MIAMI, FL 33156	Change
MGR	G & G MANAGEMENT US LLC	9130 S DADELAND BLVD	
		SUITE 1509	Remove
		MIAMI, FL 33156	☐ Change
			□ Add
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D, Ifam	ending any other information, ent	er change(s) here: (Allach	additional sheets, if necessary.)	
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docume	ent's effective date on the Department	of State's records,	пра	
t tha	ord specifies a delayed effective	un data hut nak na affaa		Man
b) The 9	90th day after the record is file	ed.	uve (ime, at 12:01 a,m, on i	me kanler or:
Dated_	ULY 25	2017		
	- Missist			
	Signature o	a member or authorized represe	ntative of a member	
		·	•	
	NASSER, VIVIAN			
		Typed or printed name of st	prot	

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