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K. SALY SEP 2.7 2016

COVER LETTER

Division of Corpo		
SUBJECT: 57 3	Schenley Park, LL Name of Limited Liability Com	oany
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	Javier L. V	orguez rson
	5735 Schenley Par	
	16110 West Pratu	ick place.
	Miami Lakes, FL. 33 City/State and 2 Trazquez @ Derge E-mail address: (to be used for firm	ip Code v Singarman. Com
		e annual report notification)
Name of P	erson at (Area C	Daytime Telephone Number
Enclosed is a check for the	following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLES OF ORGANIZATION
OF

2016 SEP 26 FK 4:

pany as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L V6000</u>\ 77_ \96 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	David Diaz	16110 West Presturck Pl mismi Lakes, FL. 33014	Add
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ective date, if other tha	n the date of filing:		(option	al)
n effective date is listed, the da	te must be specific and cannot be his block does not meet the a		ore than 90 days after fil	ing.) Pursuant to 605.020
cument's effective date on	the Department of State's rec	ords.		
record specifies a del	laved offertive date. hu	t mat am affactive ti	ma at 13,01 a .	m an the applica
The 90th day after the	layed effective date, bu e record is filed.	t not an enective ti	me, at 12:01 a.i	n. on the earner o
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	Signature of a member of Cwien U	authorized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00