Florida Department of State Division of Corporation Electroni Fling Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (713)429-1276

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

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORENTEM B.V. LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

į	FLORENTEM B.V. LLC		
1	(Name of the Limited Liability Comps (A Florida Limited	iny as it now annears on our records.) Liability Company)	
The Ar	ticles of Organization for this Limited Liability Company	were filed on 09/22/2016	and assigned
	document number L16000177480		
1	nendment is submitted to amend the following:		
A. If a	mending name, enter the new name of the limited liab	ility company here:	
The new	name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the s	ibhreviation "L.L.C."
Enter	hew principal offices address, if applicable:	7274 NW 34th Street.	
(Princi	pal office address MUST BE A STREET ADDRESS)		
		Miami, Florida 33122	
Enter i	cw mailing address, if applicable:	274 NW 34th Street.	
(Mailin	g address MAY BE A POST OFFICE BOX)		
		Miami, Florida 33122	16
	amending the registered agent and/or registered or red agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	e:	A -4 WH 9
		Enter Florida street address	32
		, Florida	Zip Code
New Re	 gistered Agent's Signature, if changing Registored Agent:	•	- F
provisi accept being f	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete the obligations of my position as registered agent as p iled to merely reflect a change in the registered office my has been notified in writing of this change. If Chai	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar with and , if this document is mited liability
	Page	l of 3	

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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 Type of Action Title <u>Name</u> Address AMBR EDUARDO CABALLERO OROZI 7274 NW 34th Street. □ Add □ Remove Miami, Florida 33122 ■ Change AMBR FELIPE PINTO SCHMIDT 7274 NW 34th Street. □ Add Miami, Florida 33122 Change AMBR) NICOLAS VILLEGAS LIEVANO 7274 NW 34th Street. ☐ Remove Miami, Florida 33122 Change □ Add ☐ Remove ☐ Change □ Removel ☐ Change ☐ **□ ‱ ♡** □ Remove ☐ Change

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D. If a	nending any other informat	tion, enter change(s) here: (Attach additional sh	ueets, if necessary.)		
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L Effe	ctive date, if other than the o	date of filing: be specific and cannot be prior to date of filing or more than	(optional) 90 days after filing.) Pursuant to 605	, 02 07 (3)	(b)
Note	if the date inserted in this blo ment's effective date on the De	ck does not meet the applicable statutory filing requir	rements, this date will not be liste	ed as the	:
			-h 4 0 . 0 4	.	
	ecord specifies a delayed le 90th day after the reco	effective date, but not an effective time, and is filed.	at 12:01 a.m. on the earlie	er or:	
Date	11/04 d	2016			
	4 /	, , , , , , , , , , , , , , , , , , , ,			
	- 	Signature of a member or authorized representative of a me	mber		
-	NICKOLAS J. SPRADL	IN AUTHORIZED REPRESENTATIVE OF A MEM	MBER		
		Typed or printed name of signee			
	·	Page 3 of 3			
		Filing Fee: \$25.00	H16000272928 3		

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