Note: Please print this page and use it as a cover sheet. Type the fux audit number (shown below) on the top and bottom of all pages of the document.

(((H180001602963)))



H180081602983ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	so will generate an	other cover sheet.	and state of the second of T
\	To: Division of Corporations Fax Number : (850)617-6383	N.	70 F
	From: Account Name : LAZARUS CORPO Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944		RECEIVE PHO
	**Enter the email address for this bu annual report mailings. Enter of Email Address:	siness entity to be used for ally one email address please	
Caraza .	LLC AMND/RESTATE/GO VAYAH DEVE		GN
	Certificate of Status	0	
K SALY	Certified Copy	0	
MAY 25 2018	Page Count		THE THE
MAX SO TOLO	Estimated Charge	\$25.00	TILED Y 24 M Mari de s Morti (fi

Electronic Filing Menu

Corporate Filing Menu

Help

THE THE

90

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION.

H18000160296

Name of the Limited Liability Co	mpan' as it now superis on our records.)
(A Florida Limi	mpany as it now nunears on our records.) ied Liability (company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L16000205080</u>	any were filed on 11/08/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1131 NW 56 STREET
(Principal office address MUST BE A STREET ADDRES	5) MIANO, FI. 33127
Enter new mailing address, if applicable:	681 BISCAYNE BLVD.
(Muiling address MAY BE A POST OFFICE BOX)	SUITE 103-287
110000	MIAMI, FL 33138
	. The sales
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office oddress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer Pittina sa een aan ess
	, Florida Zip Code
	CHy CHY

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 provintal 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

Page I of ed

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

3052201440

H18000160296

Title ·	Name	Address	Type of Action
MGR	RAUBEN ROZIER	1131 NW 56 STREET	= Add
_ _		MIAMI, FL 33127	☐ Remove
		्रमुक्ताराष्ट्रीय स्टब्स्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट्रास्ट	
	•		
	·		Remove &
			22 FAdd III
			Rêmove
			□ Change
	•		☐ Add
		76	Remove
	'n	**************************************	☐ Change
			□ Add
		<u></u>	Remove
			Change
	; ;		☐ Remove
			□ Change

2			H180001602
72	<u> </u>		
72		· .	
ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 If the date inserted in this block does not state the applicable statutory filing requirements, this date will not be li			
		-	·
			700
			- 2
			- 2
			No.
			<u> </u>
ive date, if other than the date of filing: (optional) (optional) (optional) (optional) (optional) (optional)			· 美术。
ive date, if other than the date of filing:			
ive date, if other than the date of filing: (optional) [Optional] [Optional] [Optional] [Optional] [Optional]			, .
ive date, if other than the date of filing: (optional) [Optional] [Optional] [Optional] [Optional]			
ive date, if other than the date of filing: (optional) (optional) (optional) (optional) Pursuant to 6			
ive date, if other than the date of filing: (optional) (optional) (optional) (optional) Pursuant to 6		•	
ive date, if other than the date of filing:			
ive date, if other than the date of filing: (optional) [Optional] [Optional] [Optional]			
ive date, if other than the date of filing:			
ive date, if other than the date of filing:		•••	(outional)
	tive date, if other than the date of filing	cannot be prior to date of filing or more t	han 90 days after filing.) Pursuant to 6
	nent's effective date on the Department of St	gate's records.	
nent's effective date on the Department of State's records.	acord specifies a delayed effective d	ate, but not an effective time	e, at 12:01 a.m. on the ear
ent's effective date on the Department of State 5 (September 2)	ne 90th day after the record is filed.	•	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	A CANADATH	2018	,
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	ed MAY 25TH		
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	_ ·	M \sim	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	T.B.		

Page 3 of 3

Filing Fee: \$ 5.00