

OCT/11/2017 WED 01:38 PM

FAX No.

P. 001/004

10/11/2017

Division of Corporations



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.

((H17000267753 3)))



H170002677533ABC5

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 : EXPRESS CORPORATE FILING SERVICE INC.,
Account Number : 12000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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
FRANFER SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2017 OCT 11 PM 12:53

TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

2017 OCT 11 PM 1:20

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT
OCT 12 2017

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FRANFER SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/31/2017 and assigned Florida document number L17000073530.

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)

5252 PASEO BLVD

APT: 1909

DORAL, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5252 PASEO BLVD

APT: 1909

DORAL, FL 33166

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:

EDUARDO FERNANDEZ L

New Registered Office Address:

5252 PASEO BLVD APT: 1909

Enter Florida street address

DORAL

City

Florida

33166

Zip Code

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.

Eduardo Fernandez
* 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ANDRES FRANCO	2175 NW 115TH AVE	<input type="checkbox"/> Add
		SUITE 207	<input checked="" type="checkbox"/> Remove
		DORAL, FL 33171	<input type="checkbox"/> Change
MGR	CHANGE OF ADDRESS	5252 PASEO BLVD	<input type="checkbox"/> Add
		APT: 1909	<input type="checkbox"/> Remove
		DORAL, FL 33166	<input checked="" type="checkbox"/> Change
MGR	EDUARDO A. FERNANDEZ SR.	5252 PASEO BLVD	<input checked="" type="checkbox"/> Add
		APT: 1909	<input type="checkbox"/> Remove
		DORAL, FL 33166	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated _____

* Eduardo Fernandez
Signature of a member or authorized representative of a member
* Eduardo A. Fernandez L.
Typed or printed name of signer

Page 3 of 3

FILED
2017 OCT 11 10 11 24
TALLAHASSEE, FLORIDA