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	Division of Corporations			· :	
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From:					(7) ROL
	Account Name : LAZARUS (CORPORATE FI	ING SERVICE, I	NC	7
	Account Number : I2000000				773
	Phone : (305)552				200
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Electronic Filing Menu

Estunated Charge

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FAM VIMAR LLC			
(Same of the Limite	l Liability Company 4 Florida Limited Liab	s it now appears on our records	<u>s.</u>)
The Articles of Organization for this Limited Lia Florida document number £17000187293	bility Company we	ere filed on 09/01/2017	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabilit	y company here:	
The new name must be distinguishable and contain the we	orde "Limited Liability	Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applies	ble: _		
(Principal office address MUST BE A STREE	(ADDRESS)		——————————————————————————————————————
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>30x</u> 0		27
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address here:	ce address on our record	s, enter the name of the new
Name of New Registered Agent:	LUIS A VIVAS		
New Registered Office Address:	3553 W 96TH PL	Enter Florido strati addra	
	HIALEAH	, F	lorida 33018 Zip Gade
New Registered Agent's Signature, if changing I	Registered Agent:	Cuy	~ **

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 dutles, 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 Realstored Agent

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LAZARUS
ALPHA Accounting

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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 H17000254463

Title	Name	Address	Type of Action
MOR	NELSON J VIVAS	3553 W 96TH.PL	Lī] Add
		HIALEAILFL 33018	Remove
			Change
MGE	MARIANA VIVAS	3553 W 96TH PL	월 Add
		HIALEAH,FL 33018	Retnove
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PAGE 05/06

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w date, if other than the date of filing:	vior to date of filing or m	(optional) 2.) Prosuant to 605 0207
f the date inserted in this block does not most the ap m's effective date on the Department of State's reco	plicable statutory filing	requirements, this date	will not be listed as
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nd specifies a delayed effective date, but Joth day efter the record is filed.	not an effective t	ime, at 12:01 a.m.	on the earlier of
Total day etter the record is fired.			
9/27/2017			
Signature of a member or	authorized representative	of a member	
/			

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Filing Fee: \$25.00