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(((H18000273608 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOISES, TEPLITSKY, & GROSS, PLLC

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### **COVER LETTER**

TO:	Registration Sec Division of Corp			
aus in		EPLITSKY, & GROSS, PLLC		
SUBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspor	idence concerning this matter t	to the following:	
		Lauren Underwood		
			Name of Person	
			Firm/Company	<del></del> .
		11380 Prosperity Farms Ro	1 #221E	
			Address	<u></u>
		Palm Beach Gardens, FL 3	3410	
			City/State and Zip Code	
		E-mail address: (	to be used for flature annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
1 auren	Underwood		561 694-8107 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	i.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed?

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOISES, TEPLITSKY, & GROSS, PLLC		
(Name of the Limited Liability Co (A Florida Lim	impuny as if now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 10/23/2017	and assigned
Florida document number L17000218519		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Moises & Gross, PLLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "!,l.C" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		<b>2018</b> SET
Name of New Registered Agent:		器等可
Limite At LALI WAS PERSONAL PROPERTY.		22 -
New Registered Office Address:	Enter Florida street address	SE TIM
		. vo ≥ ::
<del></del>	, Florid	a Zip Gode
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	gent:	- AE 9
I hereby accept the appointment as registered agent and		

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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Change
			D Add
			□ Remove
			O Change
			Remove
			□ Add SE SE S
			AHASSHE, FLORemon
			☐ Change
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			☐ Remove
			☐ Change

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effective dare is listed, the date must te: If the date inserted in this blo	oe specific and carr	not be prior to the applicabl	iate of filing or r c statutory fili	nore than 90 da ng requiremen	ys after filing.) ::s, this date v	Pursuant to 605,02 will not be listed
ament's effective date on the De	eartment of State	s records.	•			
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Filing Fee: \$25.00

FLORIDA BAR NO. 157029 / AUDIT NUMBER: H18000270525 3

### RICARDO MARTINEZ-CID

Professional Association Attorney at Law 2250 SW 3 Avenue, Ste. 203 Miami, Florida 33129-2028 Telephone (305) 632 1950 mtnezcid@aol.com

#### FACSIMILE TRANSMISSION

Number of pages sent: 9 (including this page)

SEND TO: Florida Department of State/Division of Corporations

(850) 617-6383

SENT BY: Ricardo Martinez-Cid, Esq.

September 19, 2018 DATE:

#### Gentlemen/Ladies:

Restated Articles of Organization, and a Statement of Authority and the corresponding Audit for UNIGRANO, LLC., a Florida limited liability company, follows. Debit my account for the amount of \$25.00, covering the filing fee. The email address to be used for annual reports is jbello@fonglobal.com.

Sincerely,

Martínez-Cid Ricardo Martinez-Cid

cc: tutule@hotmail.com, jbello@fonglobal.com

# SHOULD YOU ENCOUNTER ANY PROBLEMS RECEIVING THIS PAX, PLEASE CALL 305-632-1950

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Ricardo Martinez-Cid, P.A.

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