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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SERVICIOS FAMSERCA LLC

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EXAMINER

Electronic Filing Menu

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERVICIOS FAMSERCA LLC				
(Name of the Lit	(A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Florida document number L18000059576	Liability Company	y were filed on <u>03/06/2</u> 018	and ass	igaed
This amendment is submitted to amend the fo	llowing:			•
A. If amending name, enter the new name	of the limited lial	pility company here:		•
If amending name, enter the new name of the limited limbility company here: Company Company				
The new name must be distinguishable and contain the	words Limited Liab	ility Compacy," the designation "LLC" or the abbr	eviation "L.	L.C."
Enter new principal offices address, if gpp)	lcable:	21011 JOHNSON STREET		
		SUTTE 110		
		PEMBROKE PINES, FLORIDA 33029		
Enter new mailing address, if applicable:		21011 JOHNSON STREET	··-:	2018
Mulling address MAY BE A POST OFFICE	BOX)	SUTTE 110	2.6.	30
		PEMBROKE PINES, FLORIDA 33029	(n)>	
			74.74	$\overline{\omega}$
B. If amending the registered agent and	d/or registered o	ffice address on our records, enter th	ic dame (of the nev
registered agent and/or the new registered	office address her	. 	5 5 5 5 5	9
Name of New Registered Agent:	MARTORELL	'S OFFICE GROUP CORP	3.4	44:
New Registered Office Address:	21011 JOHNS	ON STREET SUITE 110		
CHARLES A STREET STREET		Bater Florida street address		
	PEMBROKE I	PINES , Florida 3302	9	
		Ctrv	Zin 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.

If Changing Registered Agent; Structure 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>	Address	Type of Action
MGR	ALFONSO SIERRA	21011 JOHNSON STREET	
		SUITE 110	□ Remove
		PEMBROKE PINES, FL 33029	□ Change
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			□ Remove
		- · ·	Change
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			Change

N/A	don, enter change(s) here: (Attach addit		
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ective date, if other then the da effective date is listed, the date man be e: If the date inserted in this block ament's effective date on the Depa	te of filing: specific and cannot be prior to date of filing or may does not meet the applicable statutory filing rument of State's records.	(optional) ore than 90 days after filing.) Pursuant to 6 g requirements, this date will not be l	505.0207 (3) isted as the
record specifics a delayed e ne 90th day after the record	ffective date, but not an effective to I is filed.	ime, at 12:01 a.m. on the ear	dier of:
DECEMBER 13	2018		
- Ci-			
ALFONSO SIERRA	nature of a trumber of authorized representative of	of a member	