

14256 Dec. 29. 2016 5:12PM

L13000054325

Division of Corporations

No. 0924 P. 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H16000318994 3))



H160003189943AEC8

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 : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
2016 DEC 30 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FP BUSINESS ADVISORS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2016 DEC 30 A 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu Corporate Filing Menu Help

S Warren
JAN 03 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FP Business Advisors, 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 April 12, 2013 and assigned Florida document number LI3000054325

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

FILED 2016 DEC 29 A 9:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Dec. 29. 2016, 5:13PM

No. 0524 P. 3

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	Gustavo J Ramis Cañero	1865 Brickell Ave, A 704	<input type="checkbox"/> Add
		Miami, FL 33129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marcelo Alejandro Landeira Gesto	1865 Brickell Ave, A 704	<input checked="" type="checkbox"/> Add
		Miami, FL 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Darío Hernán Díaz	1865 Brickell Ave, A 704	<input checked="" type="checkbox"/> Add
		Miami, FL 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pablo Eduardo Soto	1865 Brickell Ave, A 704	<input checked="" type="checkbox"/> Add
		Miami, FL 33129	<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

SECRETARY OF STATE
TAMMAMASSEE, FLORIDA
DEC 30 A 9:32

FILED

Multiple horizontal lines for entering additional information or changes.

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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(h)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 28, 2016

Signature of a member or authorized representative of a member

MARCELO ALEJANDRO LANDEIRA GESTO

Typed or printed name of signer

FILED
2016 DEC 30 A 9 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA