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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694

Fax Number : (305) 633-9696

LIMITED LIABILITY AMENDMENT

### SOUTH OF FIFTH MERCHANTS AND PROPERTIES, LLC

Certificate of Status	0
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#### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provish liability company submi- agent, or both, in the Sta	ons of sections 608.416 or 608.50 is the fallowing statement in order tie of Florida.	8, Florida S 10 change u	tatutes, the undersigned limited to registered office or registered	
1. The name of the limit	ed liability company is: South of	Fifth Merch	ants and Properties, Inc.	
2. The mailing address of	of the limited liability company is:	1		
3380 McDonald Stree	t, Coconut Grove, FL 33133	, ,		
October 7, 2004		L040000	73178	
3. Date of filing/registrat	ion in Florida	4. Docume	at number	
5. The name of the register Florida Department of	ered agent and the registered office State: Nancy A. Diaz	address as sh	own on the records of the	
	Name 2611 S.W. 3rd Street			
	Address Coral Gables, FL 33134 City, State and Zi		- 21 V	
6. The name and address (	of the new registered agent and/or o	=	10000000000000000000000000000000000000	
	Thomas G. Sherman, Esq., P./	<b>.</b>	122 122	
_	Name 218 Almeria Avenue		2004 NOV 22 AM 10: 24	
	Florida street address (P.O. Box N	OT acceptal	ole)	
•	Coral Gables, FL 33134			
	City, State and Zip	!	<i>V</i> ,	
	pany is not organized under the law ange or changes are made, the Florithe registered agent will be identical by confirmed that the change(s) we I liability company or as otherwise the limited liability company.	da =====+ ~ dd.		
	en relychetitetine or a tremody)			
Bruno Carnesella (Printed or typed name of signee)				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, h. S. Or. ifth address, I hereby confirsh to Signature of Registers Agents.	timent as registered agent and agree of all statues relative to the prope decept the obligations of my postite is document is being filed to merely hat the limited liability company ha	e to qct in thi and comple on as register reflect a cho s been notific	s capacity. I further agree to te performance of my duties, ed agent as provided for in inge in the registered office ed in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				
Inha:s(10/99)	FILING FEE: \$25.0	00	04000232852	

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