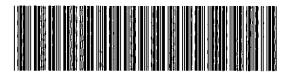
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.	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
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Special Instructions to Filing Officer:				
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2000 OCT 13 P 12: 18
SECRETARY OF STATE,
ALL AHASSEE, FLORIDA

T. HAMPTON 0CT 1 4 2008

EXAMINER

COVER LETTER

	0				
(Name of Limited Liability Company)					
·					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
	•				
Please return all correspondence concerning this matter to the following:					
J. Bared					
(Name of Person)					
Bared and Associates, PA					
(Firm/Company)					
(Carangang)					
1500 San Remo Avenue, Suite 248					
(Address) .					
Coral Gables, FI 33146 (City/State and Zip Code)					
(City/blate and Zip code)					
For further information concerning this matter, please call:					
To the state of th					
J. Bared at (305) 666-6010 x 12					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee & □\$30.00 Filing Fee & □\$60.00 Filing Fee,					
Certificate of Status Certified Copy Certificate of Status &					
(additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclose	d)				
. (additional copy is enclose	-/				
MAILING ADDRESS: STREET/COURIER ADDRESS: Pagintentian Section					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our nited Liability Company)	records.)
npany were filed on May 15, 200	08 and assigned
d liability company here:	
"Limited Liability Company," the	designation "LLC" or the abbrevi
	- I s -
SS)	008 C
	OCT 13 P IZ II
ed office address on our reco	ords, enter the name of the
(Enter Flor	rida street address)
(Liner 1 tor	,
(City)	, Florida(Zip Code)
	d liability company here: "Limited Liability Company," the SS) ed office address on our recos here: (Enter Flori

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

· 1: .: .

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGŘ	Maria Fernanda Luengas de Rodrigu	1500 San Remo Avenue, Suite 248 Coral Gables, Fl. 33146	Add
MGR_	Maria Fernanda Rodriguez Luenga	S 1500 San Remo Avenue, Suite 248 Coral Gables, Fl. 33146	+
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
			Add Remove
		SAR -	
	Ismael Rodriguez Ve	ga ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00