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.

(((H11000200870 3)))



H110002008703A9CT

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 : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone t (305)634-3694 Fax Number : (305)633-9696

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

Email Address:

MECEIVED

11 AUG 10 PH 1: 4:
SECRETARY OF STATE

LLAHASSEE, FI ORIGINAL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMAYA & AMAYA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

EXAMINE F 8/10/2011

EMPIRE CORP KIT

9696889908

98/10/5011 01:32

https://efile.sunbiz.org/scripts/efilcovr.exe

Humorooro

COVER LETTER

O: Registration Section Division of Corporations	
SUBJECT: AMNYA & AMNYA	
Name of Limited Liability Co	Ompany
Dear Sir or Madam:	
The enclosed Articles of Correction and fee(s) are submitted for filing	
Please return all correspondence concerning this matter to the following	ng:
RICARDO BICHARA Name of Person	_
BICHALA CEBALLOS &HEVIA	PA.
1405 SW 107 AVE #301-L	
Address	_
MIDALI FLURION 33174 City/State and Zip Code RICKBICH & AUL COM Regard address: (to be used for fighty a strong post floation)	
City/State and Zip Code	-
KICKBICHE ADL. COM	
B-mail address: (to be used for future annual report notification)	- .
For further information concerning this matter, please call:	
RICARDO BICHARA at 305 Name of Person Area C	220-6835
Name of Person Area C	ode & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
□\$25 Filing Fee ☐ \$30 Filing Fee & ☐ \$55 Filing Fee & Cortificate of Status Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (08/05)	H110005500870
	•

ARTICLES OF AMENDMENT TO

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION OF

11 AUG 10 AM 8: 09

AMAYA &	AMBY	A ,	116	
(Name of the Limited Liability (A Florida	y Company as it no Limited Liability C	ompany)	ars on our records.)	
The Articles of Organization for this Limited Liability of Florida document number 2100000 229 c		ed on	03-01-	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	and the following: We name of the limited liability company here: We name of the limited liability company," the designation "LLC" or the abbreviation of applicable: A STREET ADDRESS) W. A. Cable: OFFICE BOX) W. A. Cent and/or registered office address on our records, guige the name of the new interest office address here: Enter Florida street address Florida City Zip Code Clay Clay Turker agree to comply with the to the proper and complete performance of my dailes, and I am familiar with and an as registered agent and agree to act in this capacity. I further agree to comply with the to the proper and complete performance of my dailes, and I am familiar with and as a registered agent and agree to act in this capacity. I further the limited liability is the the registered office address, I hereby confirm that the limited liability			
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liabil	ity Comp	eny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD)	RESS)		N.A.	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	*		N.A.	
B. If amouding the registered agent and/or registered agent and/or the new registered office add		ress on	our records, ente	r the name of the new
Name of New Registered Agent:		·	N.A.	·
New Registered Office Address:				
		Er	nter Florida street a	ddress
			. Florida	
 -	Clty			Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:			
the provisions of all statutes relative to the proper ar accept the obligations of my position as registered at	nd complete perfo gent as provided ; nd office address,	rnance for in C I herebj	of my duties, and hapter 608, F.S. O y confirm that the	I am familiar with and ir, if this document is limited liability
	Page 1 of 2	-	- 	

H11000200870

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;

GR = M GRM =	anager Managing Member		
<u>tle</u>	<u>Name</u>	Address	Type of Action
			Add
 -			Add Remove
			·
			Add Remove
			
			Remove
			Add
_			Add Remove
amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	arv.)
→	ARTICLE ILL - RE	ADS ANY AND ALL LA	AWFUL.
_	BUSINEES AND	IT SHOULD BE: CO.	NSTRUCTION
			11 AUG
·			~
·	8-10- 2	01/	
		Mussle	TO AM 8: 08
	Signature of a finding of MAGGIE	er of buthorized representative of a member	
	Туре	d or printed name of signee Page 2 of 2	——————————————————————————————————————

Filing Fee: \$25.00

H11000200870