

L100000039886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

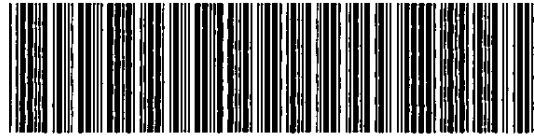
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900180618219

05/10/10--01025--007 **25.00

2010 MAY 10 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE
MAY 11 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maynada Hills, LLC
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:

Giselle Dei Amo
Name of Person
Infante, Zumpano, Hudson & Miloch, LLC
Firm/Company
500 S. Dixie Highway, suite 302
Address
Coral Gables, FL 33146
City/State and Zip Code
Giselle.ortizdelamo@izhmlaw.com
E-mail address: (to be used for future annual report notification)

FILED
2010 MAY 10 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Giselle Dei Amo at 305, 503-2990
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Maynada Hills, 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 4/13/2010 and assigned Florida document number 40000039884.

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 end with 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)

FILED
2010 MAY 10 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

_____, Florida _____

City

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 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 Changing Registered Agent, Signature of New Registered Agent

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:

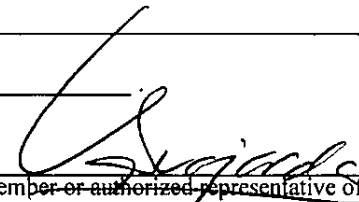
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Carlos A. Guajardo	8201 Ponce de Leon Rd. Miami, FL 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Maynada Holdings, LLC	8201 Ponce de Leon Rd. Miami, FL 33143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

MAY 10 2010
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 AM 11:00
 FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____,



 Signature of a member or authorized representative of a member

CARLOS A. GUJARDO

 Typed or printed name of signee