

L10000087583



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2010 OCT 18 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT 19 2010

EXAMINER

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Biscaya Holdings 3
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:

Oded M. Kaiser
Name of Person
Biscaya Holdings 3, LLC.
Firm/Company
444 Brickell Avenue, Suite 417
Address
Miami, FL 33131
City/State and Zip Code
MAX@OMRFL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oded M. Kaiser at (786) 326-7500
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FL 32301

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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

Biscaya Holdings 3

(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 08/19/2010 and assigned Florida document number L10000087583.

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**)~~

~~Enter new mailing address, if applicable:~~

~~(Mailing address **MAY BE A POST OFFICE BOX**)~~

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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: Oded M. Kaiser

New Registered Office Address: 444 Brickell Ave Ste 417

Enter Florida street address

Miami, Florida 33131
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:

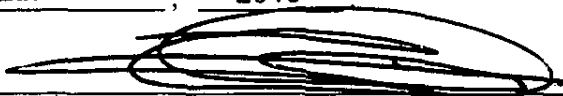
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PABLO A CAMPOSANO	444 BRICKELL AVE - STE 417 MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LILIAN J CAMPOSANO	444 BRICKELL AVE - STE 417 MIAMI, FL 33131	<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

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

Dated October 12th, 2010



Signature of a member or authorized representative of a member

Oded M. Kaiser

Typed or printed name of signee