Division of Corporations Electronic Filing Cover Sheet

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.

(((H12000178221 3)))



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

: CORPORATE CREATIONS INTERNATIONAL

0

03

\$25.00

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

Emoil 1	Address:	
EMHIL	ADDIESI	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALELUIA, LLC

Certificate of Status Certified Copy Page Count Estimated Charge

3. Ca

J. BRYAN

7/9/12 5:28 PM

JUL 1 1 2012

H12000178221

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	ALELU	JIA, LLC				
(Na)	ne of the Limited Liability Comp (A Florida Limited	nany as it now appear Liability Company)	s on our records.)	<del></del>		
<del>-</del>	or this Limited Liability Compar	ny were filed on	08/25/2010	and assigned		
Florida document number	L10000089731			4 12		
This amendment is submitted  A. If amending name, enter	to amend the following:	ability company her	<u>e</u> :	SECRETARY TO THE TABLE TABLE TO THE TABLE TO		
The new name must be distingui	shable and end with the words "Li	mited Liability Compa	ny," the designation "UL	C" or the abbreviation		
"L.L.C."				97		
Enter new principal offices a	ddress, if applicable:			कृता २		
(Principal office address MU.	ST_BE A STREET ADDRESS)					
Enter new mailing address, i	f applicable:					
(Mailing address MAY BE A	<u>POST OFFICE BOX)</u>					
	ered agent and/or registered o <u>cw registered office address h</u>		ur records, <u>enter th</u>	e name of the new		
Name of New Regist	ered Agent:	<del></del>				
New Registered Offi	ce Addmss					
<u> </u>		Enter Florida street address				
		. Florida				
		City		Zip Code		
Now Predstand & cent?- Disco-	non if the eather The takened have	-4-				

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to uct 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

Page 1 of 2

· · **Y** 

H12000178221

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

MGR = Madager MGRM = Managing Member

Title	Name	Address	Type of Action					
MGRM	SCHILIRO, ANDRE LUIZ	485 BRICKELL AVENUE, UNIT 2407 MIAMI FL 33131	Add Remove					
MGR	Andre Schiliro	485 BRICKELL AVENUE, UNIT 2407 MIAMI FL 33131	Add Remove					
MGRM	Hallelujah, Ltd.	485 BRICKELL AVENUE, UNIT 2407 MIAMI EL 33131	Add Remove					
MGR	Allegra Schillro	485 BRICKELL AVENUE, UNIT 2407 MIAMI EL 33131	Add Remove					
MGR	SCHILLIRO, ALLEGRA	485 BRICKELL AVENUE, UNIT 2407 MIAMI FL 33131	_□Add _☑Remove					
MGR	CINDY LUZIANE SAUERBRONN DA CUNHA SCHILLIR	485 BRICKELL AVENUE, UNIT 2407 MIAMI FL 33131	Add VRemove					
D. If amendia	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	•					
Add	ing Cindy Luziane Sauerbronn da	Cunha Schiliro as manager.	_					
Add	ress: 485 BRICKELL AVENUE, UN	NIT 2407 MIAMI FL 33131						
			- S 24					
<del></del>			ZORE JUL					
<del></del> -								
	July 9th 2012	<u>t</u>						
Dated	KAW!	<del></del> ·						
-	Signature of a member or		0 N					
	Andre Schiliro, Manager by: Jessica Morales, Attorney-in-Fact							
Typed or printed name of signee								

Page 2 of 2

Filing Fee: \$25.00