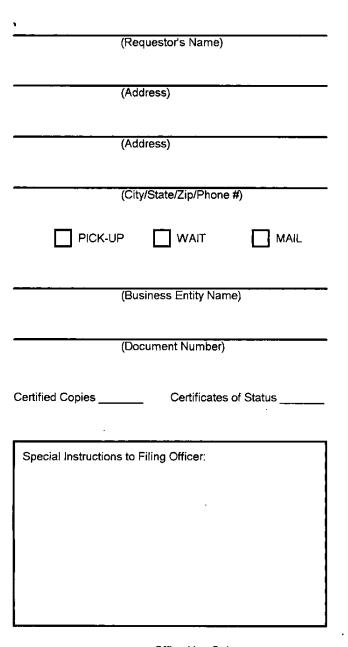
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

B. BOSTICK
AUG 17 2012
EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations
odla va om	PORSAN, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	LORENZ PARDO
	Florishon Little Group En To
	Pirm/Company Proposition Reserved Reserved
	City/State and Zip Code Pardo Longua & Grail.
For further information	on concerning this matter, please call:
Loan	at (
Nar	ne of Person Area Code & Daytime Telephone Number
Enclosed is a check f	or the following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Re Div P.C	STREET/COURIER ADDRESS: gistration Section vision of Corporations Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PORSAN, LLC				
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on o	ur records.)		
The Articles of Organization for this Limited Liability Company were filed of	on 10	/07/2010	and assi	gned
Florida document numberL10000105132				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability compa	any here:			
The new name must be distinguishable and end with the words "Limited Liability	Company," th	e designation "LLC	" or the at	obreviatio
L.L.C."	, , , , , , , , , , , , , , , , , , ,		12	
Enter new principal offices address, if applicable:			379	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		##3##*
		SS	0	1
		س ن د	# F	
Enter new mailing address, if applicable:			2 -	_ <u>-</u> _
(Mailing address MAY BE A POST OFFICE BOX)			7	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our re	ecords, enter the	name of	the ne
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo	orida street addres	<u> </u>	
		Florida		
Cin.		, Florida	Zin Coda	

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
Member	CARLA RAMOS	2999 NE 191ST STREET PH-8 AVENTURA FL 33180 US	Add Remove
			Add Remove
			Add Remove
	·		Add Remove
····			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessar	TO ANUL 3
Dated	1		
	Signature of a	CARLOS RAMOS Typed or printed name of signee	
		Page 2 of 2	