211000003092

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2012 AUG -6 AM '9: 02
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

AUG 8 2012

COVER LETTER

TO: Registration'S Division of Co			
SUBJECT:		(lecilla LLC). ted Liability Company	
	f Amendment and fee(s) are sub	•	
Please return all corresp	ondence concerning this matter	to the following:	
		Rodiava Name of Person	TASSECT TO
		Firm/Company	——— GARASS
	14471 Bird	Road # 107	SEE, FLORID
	Mami, 5	City/State and Zip Code	RIFA
	E-mail address: (1	o he used for future annual report notificatio	nn)
For further information	concerning this matter, please c	all:	
Diana P Name	of Person ()	at (<u>186) 255 034</u> Area Code & Daytime Tele	ephone 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)
	LING ADDRESS:	STREET/COURIER A	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kodriguez Tay	recilla LLC
(Name of the Limited Liability Compan A Florida Limited Li	ny as it now appears on our records.) Sability Company)
The Articles of Organization for this Limited Liability Company Florida document number 440003092.	were filed on and assigned
riorida document number ====================================	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2012 SEC ALL
(Principal office address MUST BE A STREET ADDRESS)	
	- SSS
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	R O
B. If amending the registered agent and/or registered off	ice address on our records, enter the name of the new
registered agent and/or the new registered office address here	<u> </u>
Name of New Registered Agent:	Rodiquez.
New Registered Office Address: 14471	Ried Road # 107
	Enter Florida street address
_ Mia	MI, Florida 33175 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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.

f Changing Registered Agen) 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>	Name	Address	Type of Action			
MGR	Diana Rodriguez	14471 Bird Road # 107 Miami, FL 33175	Add Remove			
MGRM	Orlando D. Rodriguez.	14471 Bird Road # 107 Miami F. L 33175	_ M Add ☐ Remove			
			Add Remove			
			Add Remove 			
			Add Remove			
			Add Remove			
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	ALE ARY			
			OF STATE OF STATE AND THE STAT			
Dated A	squst 2 . 201		-			
Signature of a member or authorized representative of a member						
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00