

L11000137396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

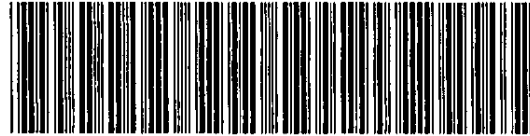
(Business Entity Name)

(Document Number)

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T. CLINE

JUL 31 2012

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2012 JUL 30 PM 1:23

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GAINSIGN FLORIDA LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**BERENICE IPIA-FELICIANO**  
Name of Person  
**PRATS FERNANDEZ & CO**  
Firm/Company  
**999 PONCE DE LEON BLVD., SUITE 1110**  
Address  
**CORAL GABLES, FL 33134**  
City/State and Zip Code  
**ADMIN@PRATS FERNANDEZ.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**BERENICE IPIA-FELICIANO** at ( **305** ) **444 8333**  
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

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TALLAHASSEE FLORIDA

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

**GAINSIGN FLORIDA 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 12-06-2011 and assigned Florida document number L11000137396.

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: 999 PONCE DE LEON BLVD. SUITE 1110  
CORAL GABLES, FL 33134  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: P.O. BOX 140970  
CORAL GABLES, FL 33114  
*(Mailing address MAY BE A POST OFFICE BOX)*

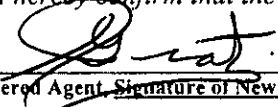
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TALLAHASSEE, FLORIDA

**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: PRATS FERNANDEZ & CO  
New Registered Office Address: 999 PONCE DE LEON BLVD. SUITE 1110  
*Enter Florida street address*  
CORAL GABLES, Florida 33134  
*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	Rene G Rosas Best	P.O. Box 140970 Coral Gables, FL 33114	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Rene G Rosas Best	10NW Le Jeune Road, Ste. 500 Miami, FL 33126	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jose A Guerrero Rivas	P.O. Box 140970 Coral Gables, FL 33114	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jose A Guerrero Rivas	10NW Le Jeune Road, Ste. 500 Miami, FL 33126	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

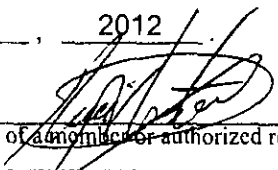
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
 2012 JUL 30 PM 1:23

FILED

Dated July 20, 2012

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
**RENE GUSTAVO ROSAS BEST**  
 \_\_\_\_\_  
 Typed or printed name of signee