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C. LEWIS

MAR - 6 2012

EXAMINER

COVER LETTER

TO: Registration and Division of Co						
	· M ·	reat, LLC				
SUBJECT:		ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	pondence concerning this matter	r to the following:				
	Ric	Name of Person				
		Name of Person				
	-		Manufacture -			
		Firm/Company				
	123	SU 17th Ry Alay Address				
		Address				
	Miax	City/State and Zip Code				
	E-mail address: (to be used for future annual report notifica	tion)			
For further information	concerning this matter, please	call:				
Ricids 1	tecel.	at (305) 840-5473				
Name	of Person	at (305) 867-5873 Area Code & Daytime 1	elephone 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)			
MAI	LING ADDRESS:	STREET/COURIE	R ADDRESS:			

MAILING 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

FILED

12 MAR -5 PM 4: 11

Mercati	uc	SECRE TALLA	TARY OF STATE
(Name of the Limited Lia (A Flo	Bility Company as it now appear orida Limited Liability Company)	rs on our records.)``	MODEL FILL COMDA
The Articles of Organization for this Limited Liabil Florida document number ししつ しゃ		1/17/12	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	<u>re</u> :	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
		- Marie Verie verie	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	<i>r</i> .	ter Florida street aa	Iduana
	En		aress
-	City	, Florida _	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>	Address	Type of Action
MGRM	RICARDO HEREDIA	123 SW 17TH RD # 104 MIAMI, FL 33129	Add Remove
<u>MGRM</u>	Fidem Fortitudo Trust	123 SW 17TH RD # 104 MIAMI, FL 33129	
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	ary.)
			FILED 12 MAR -5 PM SECRETARY OF TALLAHASSEE.
Dated	RAIM.		PM 4: 11 OF STATE OF LORIDA
	Ruch Heali	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00