

H120000396453

Florida Department of State
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.

(((H12000039645 3)))



H120000396453ABC/

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 : RICHARD & ASSOCIATES, P.A.
Account Number : I20110000091
Phone : (305) 858-9900
Fax Number : (305) 285-0015

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

Email Address: _____

2012 FEB 14 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANVADI INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. CLINE

FEB 15 2012

EXAMINER

RECEIVED
12 FEB 14 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANVADI INVESTMENTS LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ELENA DIAZ
Name of Person

RICHARDS & ASSOCIATES, P.A.
Firm/Company

2665 SOUTH BAYSHORE DRIVE, SUITE 703
Address

MIAMI, FLORIDA 33133
City/State and Zip Code

EDIAZ@RICHARDS-LAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELENA DIAZ at (**305**) **858-9900**
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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2012 FEB 14 AM 8:56

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANVADI INVESTMENTS 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 2/10/12 and assigned Florida document number L12000020379

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: (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

Vertical stamp: RECEIVED FEB 14 11 52 AM 2012 STATE OF 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:

New Registered Office Address:

Enter Florida street address

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:

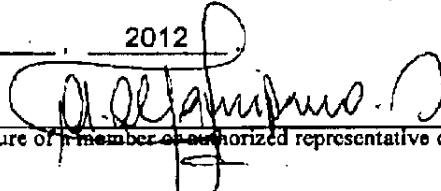
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ARTURO ALTAMIRANO	2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FLORIDA 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DIEGO ALTAMIRANO	2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FLORIDA 33133	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2012 FEB 14 8:56
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

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

Dated FEBRUARY 14, 2012



Signature of a member or authorized representative of a member

Typed or printed name of signee