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## **COVER LETTER**

O: Registration Section Division of Corporations
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:
Antonio Cortina Name of Person
Firm/Company
P.O. Box 941672  Address
Miami FL 33194 City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed)  \$25.00 Filing Fee Certificate of Status Scriffied Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Nome of the Limited Lightlity Common				anda)		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company	)	our reco	oras.)		
The Articles of Organization for this Limited Liability Company	were filed on _	4/	3/20	0/2	and as	signed
Florida document number <u>112000045959</u> .		/	/-			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	lity company h	<u>ere</u> :				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Com	ipany,"	the desig	gnation "LLC"	or the	abbreviatio
Enter new principal offices address, if applicable:	9461	SW	819	54		
(Principal office address MUST BE A STREET ADDRESS)	9461 _MA	771	KC	33123	<del>13</del> f	
Enter new mailing address, if applicable:		•	N-1-3A	ランド シンド シンド シンド シンド	4-8	, denomina Philipse 4
(Mailing address MAY BE A POST OFFICE BOX)				- 1	- T	
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B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our i	records		name_	of the ne
Name of New Registered Agent:		<del></del>				
New Registered Office Address:		Enter F	lorida s	treet address		
	•					
	City	<del></del>	, ги	orida	ip Coa	le

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>			Type of Action
MGR MAYLEN	Ortega	P.O.B 0x 94/672	Add
		MiAmi FL 33194	Remove
MGR Antonio	Cortina	P.O BOX 941672 MIAM, PL 33194	
			Add Remove
			Add Remove
			Add Remove
		<u></u>	Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.	)
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		<del></del>
ated	JAN 29, 13,	
	Man Man	
	mature of a inemper or authorized representative of a member	
	Maylen Ortega	
	Typed or printed name of signee	

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Filing Fee: \$25.00