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J. SAULSBERRY **EXAMINER** 

DEC 20 2012

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	MMS-1 GRC		
İ	( <u>Name of the Limited Line</u> (A Flor	olity Company as it now appears on our ida Limited Liability Company)	records.)
The Ar	icles of Organization for this Limited Liabili	ty Company were filed on 06/20/2012	and assigned
Florida	document number L12000081852		
This an	endment is submitted to amend the following	g:	
A. If a	mending name, <u>enter the new name of the</u>	limited liability company bere:	
The new	name must be distinguishable and end with the	words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter :	eew principal offices address, if applicable	;	
(Princi	pul office address MUST BE A STREET A	DDRESS)	
			817C
			AND
Enter:	ew mailing address, if applicable:		
<u>(Mailir</u>	ng address MAY BE A POST OFFICE BOX	<u> </u>	
			$-2\alpha$
			9: 0
B. If registe	amending the registered agent and/or r red agent and/or the new registered office	egistered office address on our rec address here:	ords, enter the name of the new
	Name of New Registered Agent:		
	New Registered Office Address:		
	rida street address)		
	_		, Florida
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(City)	(Zip Code)
New Ra	edistanced Agent's Signature, if changing Regis	tovoř Agonti	

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)

Page 1 of 2

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:

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
D. If a nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  ALCONOMICS AND ALCONOM	;
D. If a neading any other information, enter change(s) here: (Attach additional sheets, if necessary.)  ALEARY  ALEARY  SET	
SSEE SSEE	
SSEE SSEE	
	<u></u>
Signature of a member or authorized representative of a member  MAURICIO SCHONFELD	
Typed or printed name of signor	
Page 2 of 2 Filing Fee: \$25.00	