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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY AMENDMENT

LAS VILLAS DE VALENCIA, LLC

Estimated Charge	\$30.00
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Certified Copy	0
Certificate of Status	1

Corporate Filing



AMENDED ARTICLES OF ORGANIZATION FOR LAS VILLAS DE VALENCIA, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

LAS VILLAS DE VALENCIA, LLC

ARTICLE II ADDRESS

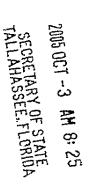
The mailing address and street address of the principal office of the Limited Liability Company is:

1181 HIDDEN VALLEY WAY WESTON, FLORIDA 33327

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

THOMAS G. SHERMAN, ESQ. 218 ALMERIA AVENUE CORAL GABLES, FLORIDA 33134



ARTICLE IV PURPOSE

The limited liability company shall have the authority to engage in any activity or business permitted under the laws of the United States and of the law of the State of Florida, and the law of any other jurisdiction wherein it may conduct business. This limited liability company may conduct business within or without the State of Florida anywhere in the world that it may so select.

ARTICLE V

Votes of the members shall be in proportion to their contributions to the capital of the limited liability company as adjusted from time to time, to properly reflect any additional contributions or withdrawals of capital by the members.

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ARTICLE VI MANAGEMENT (Check box if applicable)

x	The Limited Liability Company is to be managed by one manager or more managers
and is,	therefore, a manager-managed company.

The Limited Liability Company is to be managed by its members and is, therefore a member-managed company.

ARTICLE VII MANAGERS

The Managers of the Limited Liability Company are:

- Carlos Rodriguez
 7035 Glen Eagle Drive
 Miami Lakes FL 33014
- Luis Rubakabal
 17080 SW 92nd Avenue
 Miami, FI 33157
- 3) Julio Artizga 2600 Glades Circle Suite 400 Weston, FI\33627

Print Name: Thomas G. Sheuman V Authorized Representative of a Manager

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affiumation under the penalties of perjury that the facts stated herein are thic.)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further pares to comply with the provisions of all statutes relating to the proper and complete performance of my futfer, and I am familiar with and accept the obligations of my position of registered agent as provided for in effects 608, F.S.

THOMAS G. SHERMAN, ESQ., P.A. REGISTERED AGENT'S SIGNATURE

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