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Division of Corporations

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**L09000009631**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**600 MERRICK VIEW OFFICE, LLC**

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

600 MERRICK VIEW OFFICE, 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 January 29<sup>th</sup>, 2009 and assigned Florida document number L09000009631.

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:

2627 S. Bayshore Drive, Apt. 907

(Principal office address MUST BE A STREET ADDRESS)

Coconut Grove, Florida 33133

Enter new mailing address, if applicable:

1110 Brickell Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Suite 310

Miami, Florida 33131

**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:

NS CORPORATE SERVICES INC.

New Registered Office Address:

1110 Brickell Avenue, Suite 310

(Enter Florida street address)

Miami

(City)

Florida 33131

(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. If, 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	Fernando Campos	3850 Bird Road, Suite 902 Miami, Florida 33146	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRPS	Jose Franklin Gindler	2827 S. Bayshore Drive Apt. 907 Corcoran Grove, Florida 33133	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated March 26th

2006

Signature of a member or authorized representative of a member

FERNANDO CAMPOS

Typed or printed name of signer

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