

#L09000038230

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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TALLAHASSEE, FLORIDA

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LA MAREA, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
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K. SALY  
EXAMINER

JUN 2 2011

Electronic Filing Menu

Corporate Filing Menu

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H11000143678

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LA MAREA, 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 04/20/2009 and assigned  
Florida document number LO8000038230

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)

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

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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          | Finkel, Eduardo Martin | 999 PONCE DE LEON BLVD.<br>#1100<br>CORAL GABLES FL 33134 LIS | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                        |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                        |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                        |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                        |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                        |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Carol A Finkel Frongue  
Typed or printed name of signer

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Filing Fee: \$25.00

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