L100000173731

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SECRETARY OF STATE
TALLAHASSEE FRAME

D. BRUCE NOV 14 2012 EXAMINER

COVER LETTER

SUBJECT:	ELBARDI INTERNATIONAL MANAGEMENT LLC	
	Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all corr	respondence concerning this matter to the following:	
	Carmen Matilde Hernandez	
	Name of Person	
	TotalCorp Business Consultants	
Firm/Company		
	1825 Main Street	
	Address	
	Weston FL 33326	
	City/State and Zip Code	d
	cmatild@totalcorpconsultants.com E-mail address: (to be used for future annual report notification)	SE 3
For further informat	tion concerning this matter, please call:	FIL PLOV 13 PECKETARY LLAHASS
Carm	nen Matilde Hernandez at (954) 624-2554	
Na	ame of Person Area Code & Daytime Telephone Number	FLUNDS
Enclosed is a check	for the following amount:	
\$25.00 Filing Fe	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	of Status &

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

ELBARDI INTERNATIONAL MANAGEMENT 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 Florida document numberL1000072731	y were filed on	07/09/2010	and assigned	
Piorida document number				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited lia</u>	bility company he	<u>re</u> :		
N/A	A			
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Comp	any," the designation "L	LC" or the abbreviat	ion
Enter new principal offices address, if applicable:	N/A			-
(Principal office address MUST BE A STREET ADDRESS)			TAS TA	_
			A NOV	_
Enter new mailing address, if applicable:			28 Z	
,			77 3	- <u>n</u> 8
(Mailing address MAY BE A POST OFFICE BOX)			From Co.	_
			<u> </u>	-
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		our records, <u>enter t</u> l	he name of the n	<u>ew</u>
Name of New Registered Agent: N/A				_
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>			

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 = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	IDLER, RUBEN A	10305 NW 41 ST SUITE 201 DORAL, FL 33178	Add Remove
MGRM	INTERNATIONAL INVEST GROUP II G, INC.	801 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	FILED 12 NOV 13 PM 4: 40 SECRETARY OF STATE AND TALLAHASSEE, FLORIDA
Dated	· · · · · · · · · · · · · · · · · · ·	Tast Illi.	
		er or authorized representative of a member IDLERU	
		ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00