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SECRETARY OF STATE
DIVISION OF CORPORATION

AND TED 1. AM IO: LO

C. LEWIS
FEB 5 2013
EXAMINER

COVER LETTER

то:	Registration Sect Division of Corpo		· *	Sy	ek,	ija P		Ĉ.
SUBJE	ст: <u></u>	Name o	ARP f Limited 1	ENT	12 y	160	- .	
The end	closed Articles of Ar	mendment and fee(s)	are submitt	ted for filing.				
Please 1	eturn all correspond	lence concerning this	matter to tl	he following:				
		5	E 60	Name of Perso	<u> </u>	Bo	16E	>
		Si	7 C	AR PE	· 1	ny	<u>LLC</u>	
		2292	/ 1	DOLP,	HIR	- Ro		
		Boca	Ra	Address	FL	3	342	8
			40 Ho	ty/State and Zip	-hote	mail t notification	COM	
For furt	her information con	cerning this matter, p	lease call:	704	26	7-6	862	
	Name of F	Person	700	at (<u>754</u> Are)	aytime Telep	phone Number	
Enclose	ed is a check for the	following amount:						
21-\$ 25.	00 Filing Fee	□\$30.00 Filing Fee Certificate of St		Certified Co (additional o	ору		Certified (of Status &

MAILING ADDRESS:

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

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

Zip Code

2013 FFB -4 AM 10: 46 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 ______ and assigned Florida document number L07000092782 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

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.

City

MGR = Manager MGRM = Managing Member 22921 DOLphin Rd Add

Boca Raton, FL 33428 Remove MGR Eder Costa Remove Remove Remove Remove

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:

D. If ame	ending any other information, enter change(s) here: (Attach add	itional sheets, if necessary.)
_		SECRETARY OF STATE DIVISION OF CORPORATION
· <u>-</u>		2013 FEB -4 AM 10: 46
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-		
Dated		
	Eleastico Borges	
	Signature of a member or authorized representa	BORGES
	Typed or printed name of signe	c

Page 3 of 3

Filing Fee: \$25.00