#103000015796

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SLORETARY OF STATE
SHOREDARY OF FLORIDA

K.SALY EXAMINER SEP - 6 2013

COVER LETTER

	Name of Limit	ed Liability Company			
	nendment and fee(s) are sub-	<u>-</u>			
	SEBASTIAN	BAMBACALLO Name of Person			
	UMBBULAN	S PICALTY LLC Firm/Company			
	1870 NW	SOUTH BIVEH DR			
	MIAMI, FI	33125 City/State and Zip Code			
	E-mail address: (to	be used for future annual report notifical	ion)		
For further information concerning this matter, please call:					
Name of Po	UNGUEZ erson	at (305) 631 66 Area Code & Daytime T	clephone Number		
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Ca\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

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

13 SEP - 1 SEUNE I AM FALLAHASSE	ILED 4 PM 4: 20 Y OF STATE FE, FLORIDA
ds.)	

Zip Code

()BRAWLAND 15	ENLTY LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 103000 15796.	were filed on $4/21/2003$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
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 of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	F1

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

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

Title Name **Address** Type of Action MICHAEL HOLMQUIST 1870 NW SOUTH RING Dr Add MGB William F1 33125 Remove 146h SEBASTAN BANBAGALO 1870 MW SOUTH BINDA DR XADD MIAM1 FL 33123 Remove Remove Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
• •			
Dated	AUGUST 28 2013!		
Dated _	MANY		
	Signature of a member or authorized representative of a member		
	SEBASTAN BANBAGALO PHESIDONT OF INVANSORA DE CONOSUA INC Typed or printed name of signee	- HEMBER	OF
	Page 3 of 3	UBBANLAND	BOALTYW

Filing Fee: \$25.00

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