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B. BOSTICK

JUN 1 0 2011

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TO:

Registration Section

Tallahassee, FL 32314

Please return all correspondence concerning this matter to the following: ALBERTO M. AGUIAR, CPA Name of Person AGUIAR & COMPANY, P.A. Firm/Company 6500 COWPEN ROAD, SUITE 202 Address MIAMI LAKES, FL 33014 City/State and Zip Code ALBERT@AGUIARCPA.COM E-mail address: (to be used for future annual report notification)		
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ALBERTO M. AGUIAR, CPA Name of Person AGUIAR & COMPANY, P.A. Firm/Company 6500 COWPEN ROAD, SUITE 202 Address MIAMI LAKES, FL 33014 City/State and Zip Code		
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ALBERT@AGUIARCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	ص ر	Entailed The second
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ALBERTO M. AGUIAR at (305) 558-8964	_	
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} S60.00 Filing Fee & Certified Copy (additional copy (addit	tatus &	osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		,

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MB & M	1, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears liability Company)	on our records.	
The Articles of Organization for this Limited Liability Company	were filed on	10/30/2003	and assigned
Florida document numberL0300042010			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Compan	y," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		i A	<u> </u>
		7>	
		75 (7)	
Enter new mailing address, if applicable:		 Lud :	4
(Mailing address MAY BE A POST OFFICE BOX)		- : 	3728.48.7
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B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r records, <u>enter th</u>	e name of the new
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City		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 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 **Type of Action Address** Title **Name MGRM** MARIBEL DELGADO 2140 W 68 STREET, SUITE 406 ☐ Add √ Remove HIALEAH, FL 33016 RUBEN DELGADO III MGRM 2140 W 68 STREET, SUITE 406 ✓ Add Remove HIALEAH EL 33016 ☐ Add □ Remove **∂**Add ☐ Remove <u></u> ∐Add j Remove 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

Typed or printed name of signee
Page 2 of 2

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