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SECRETARY OF STATE
TALLAHASSEE FLORINA

T. HAMPTON
SEP 1 6 2008
EXAMINER

## **COVER LETTER**

SURJECT: LA VEF	REDITA VIII, LLC					
		ited Liability Company)				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ABRAHAM MEMUN					
		(Name of Person)				
	LA VEREDITA VIII, LLC					
	(Firm/Company)					
	PO BOX 351210					
		(Address)				
	MIAMI FL 33135					
		(City/State and Zip Code)				
To - Combined in Communication		All.				
For further information c	oncerning this matter, please c	an:				
ABRAHAM MEMUN		at ( 786 ) 2902655				
(Name o	of Person)	(Area Code & Daytime T	elephone Number)			
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	☑\$60.00 Filing Fee,			
Č	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA VEREDITA VIII, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>		
The Articles of Organization for this Limited Liability Company	were filed on NOVEMBER 5, 2004	and assigned		
Florida document number L04000080710				
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 "Limi"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:	406 NW 22 AVENUE SUITE 206	7 S O		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33125	A		
		₩ <b>7</b>		
		ISEE.		
Enter new mailing address, if applicable:	PO BOX 351210			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33135	3; 0; ORIDA		
		ĎE Q		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the nev		
Name of New Registered Agent:		<del>45,41,78,79,4,71,41,41,</del>		
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 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

<u>Title</u> <u>Name</u>		<u>Address</u>		Type of Action	
MGR	ABRAHAM MEMUN	406 NW 22 AVEN MIAMLEL 33125	IUE SUITE 206	Add Remove	
MGR	SIMON SALAME	406 NW 22 AVEN MIAMI FL 33125		Add Remove	
		-		Add Remove	
<del></del>				Add Remove	
<del></del>	<del> </del>			Add Remove	
<del></del>		<del></del>		Add Remove	
	ing any other information, en	nter change(s) here: (Attach add	ditional sheets, if necessa	1	
		ABRAHAM MEMUN	42%	FIL SEP I	
		SIMON SALAME	4%	IS PAR	
		YAFRIJU LLC	4%	PN 3: 0	
		MARKS REAL ESTATE, LLC	50%		
Dated SEPTE		, 2008 Morm M			
•	Signature o	f a member or authorized represent	ative of a member		
-		ABRAHAM MEMUN Typed or printed name of signs	ee	<del></del>	

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Filing Fee: \$25.00