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SECHETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations			
CURRECT.	Miami Manage	ment Associates, LLC.	
SUBJECT:		nited Liability Company	
			$a \in$
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	۳.
Please return all corre	espondence concerning this matte	er to the following:	
	* **, *		
		Robert S. Goldberg	•
		Name of Person	
	Miami M	Management Associates, LLC	C
	, 11 m	Firm/Company	
	915	50 S.W. 87 Avenue #205	
	·	Address	
		Miami, Fl. 33176	
		City/State and Zip Code	
		rgprop@comcast.net	,
91.	E-mail address:	(to be used for future annual report notifi	cation)
	on concerning this matter, please	call:	
	· ·		•
	bert S. Goldberg	ut (302-1770
Nan	ne of Person	Area Code & Daytime	e Telephone Number
			,
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	AILÍNG ADDRESS:	ethcet/count	FR ARRESS.
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COURII Registration Section	
		Division of Corpora	ations
	lahassee, FL 32314	Clifton Building 2661 Executive Cer Tallahassee, FL 323	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Miami Mana</u>	gement Associates	s, LLC.	· 	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appe	ars on our records.		
(A FIORIDA	Elimica Elability Company	ℓ_{i}		
The Articles of Organization for this Limited Liability	Company were filed on	March 23, 200	4 and assign	ned
Florida document number L04000024738				
+94*				
This amendment is submitted to amend the following:		,		
A. If amending name, enter the new name of the lir	nited liability company h	ere:		
			<u></u> -	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Com	pany," the designation		reviation
L.L.C.		•	NO HA	करामुख्य <u>े</u>
Enter new principal offices address, if applicable:				
(Principal office address MUST BE'A STREET ADD	PRESS)	<u>.</u>	26 SS	1
				C
Enter new mailing address, if applicable:			3: 26 TATE ORID	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
(Maning dadress MAT BE A FOST OFFICE BOX)	- ,- ,			
				
B. If amending the registered agent and/or regi	stared office address on	our records ente	r the name of t	he neu
registered agent and/or the new registered office ad		our records, ente	r the name of t	ile new
				
Name of New Registered Agent:				
New Registered Office Address:		Inter Florida street a		
	r.	mier rioriaa sireet a	<i>iauress</i>	
		, 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>	Name	Address	Type of Action
mgmr	Stewart A. Greenstein	9150 S. W. 87 Avenue #205 Miami, Fl. 33176	Add Remove
			Add Remove
			Add Remove
·	•		Zad Demove
			26 Add ARRANGE REPROVE
	- And the second se		3: 28 FATT Add
D. If amendi	ng any other information, en	ter change(s) here: (Attach additional sheets, if necessary	
. —			
Dated	May 22, 2009		
-	Signature o	Robert S. Goldberg Typed or printed name of signee	A Sholdly

Page 2 of 2

Filing Fee: \$25.00