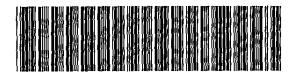
## 1040000 34389

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
M. Thomas SEP = 9 2005

Office Use Only



500059184585

09/06/05--01010--006 \*\*30,00

## TRANSMITTAL LETTER

TO: Registration Se Division of Co					
SUBJECT: Marina Bi	ue 1009, L. L. C.				
	(Name of Li	imited Liability Company)			
	f Amendment and fee(s) are su	5			
ĺ	Ricardo L. Carmona				
-	(1	Name of Person)			
Ricard	lo L. Carmona, PA		Aco	05	
<del></del>	(	Firm/Company)	<b>50</b>	SEF	
2800 Pond	e De Leon Blvd. Suite 1160	)	SECTION OF STATE ORIDA	-6 A	וובט
		(Address)		=======================================	ر_
Cor	al Gables, FL 33134		ATE :	1	
<del></del>	(City,	/State and Zip Code)			
For further information	concerning this matter, please of	call:			
Ricardo L. Car	rmona	at ( 305 ) 447-384	10 Tel. 305-447-3787 Fa		
	(Name of Person)	(Area Code & Daytime	Telephone Number)		
Enclosed is a check for the	following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	1	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ivio	(Present Name) (A Florida Limited Liability Company)
FIRST:	The Articles of Organization were filed on May 5, 2004 and assigned document number L04000034389 and assigned
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:
1. Please change	the principal address to: 247 SW 8th Street, Suite 359, Miami, FL 33130.
2. Please change	the mailing address to: 247 SW 8th Street, Suite 359, Miami, FL 33130.
	OS SEP -6 AH II: 44  SELLA STATE PLORIDA
Dated Augu	ust 23 , 2005

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

SHERMAN
Typed or printed name of signee