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(Address)					
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EXAMINER



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COVER LETTER

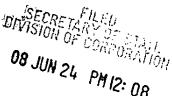
TO: Registration Sec Division of Corp		• •	
SUBJECT:	J Marino (Name of Limite	LLC	
Sobsect.	(Name of Limite	d Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	JORGE F	(Name of Person)	
	J HARINO	(Firm/Company)	
	13605 SL	3 77th Lane	
	Migmi Flo	(Address) ond 33/83 City/State and Zip Code)	
		City/State and Zip Code)	
For further information co	oncerning this matter, please call	:	
Jorse HA (Name o	Person)	at (786) 259- 70 (Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e 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)

MAILING ADDRESS:

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



	Or		-4 PM 12: 08
J HARI	no LLC	÷	
(<u>Name of the Limited</u> (A	Liability Company as it in Florida Limited Liability (now appears on our records Company)	<u>s.</u>)
The Articles of Organization for this Limited Li			
Florida document number <u>L 0 40000 4</u>		ca on or are	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability con	npany here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liabi	lity Company," the designati	ion "LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE			
			
Entar now mailing address if amiliarlas			
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE</u> 1	 ROX)		
D. Te amount in the state of th		_	
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office add fice address here:	ress on our records, <u>en</u>	ter the name of the new
	T	1 · w	200
Name of New Registered Agent:	JORGE ()	. Iglesias M W. 774h LA	IAKINO
New Registered Office Address:	13605 S.	W. 77+5 LA (Enter Florida stree	and address)
	1.	(Enter Florida stree	et aaaress)
	(City)	(Enter Florida stree, Florid	(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u> Fitle</u>	<u>Name</u>	Address	Type of Actio
			Add Remove
<u>nGkm</u>	Jurge O. TSlesins Harind	136055.W.77Th Lane Higmi; Plonida 3383	Add Remove
			Add Remove
			Add Remove
···			Add Remove
			Add Remove
). If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
Dated	June 16, 70	008	
	Signature of a member	er or authorized representative of a member ARINO d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00