L04000053844

(Re	equestor's Name)				
(Address)						
(Ad	ldress)					
(Cit	ty/State/Zip/Phor	ne #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Na	ime)				
(Document Number)						
	ocument (valides	,				
Certified Copies	_ Certificate	es of Status				
Special Instructions to Filing Officer:						
·						

Office Use Only



800159881008

09/02/09--01008--011 **25.00

09 SEP -2 PH 12: 37
SECRETARY OF STATE
ALL ANASSEF FLORIDA

. 4

COVER LETTER

	LATINI	TOWED ILC				
SUBJECT:	BJECT: LATIN Q TOWER, LLC Name of Limited Liability Company					
	Traine of Emi	need Elability Company				
· .						
he enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please return all correspo	ndence concerning this matte	r to the following:				
•.	·					
et Jan et		SALOMON YUKEN				
		Name of Person				
	LATING					
	LATIN Q TOWE	R MANAGEMENT CORF	PORATION			
		r in a Company				
		1023 NW 3 AVE.				
•		Address				
		MIAMI, FL. 33136				
· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code					
, h						
	E-mail address:	to be used for future annual report no	tification)			
or further information co	oncerning this matter, please	call:				
OALC	NACH VIIIZENI	005	044.0047			
, Name o	OMON YUKEN	at (305)	644-9047 me Telephone Number			
	. 1 013011	Alca Code & Dayli	me receptione Number			
3	w					
inclosed 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	\$60.00 Filing Fee,			
		Certified Conv	Certificate of Sta	ifiis &		

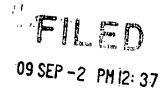
MAILING ADDRESS:

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



LATIN Q TOWER, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	Liability Company wer	e filed on	07/20/2004	and assigned
Florida document numberL0400005	3844			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability	company her	<u>e</u> :	
	N/A			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited I	Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable: N	/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:	 N	/A		-
(Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent and registered agent and/or the new registered of		address on o	ur records, <u>enter tl</u>	he name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:				
	Enter Florida street address			
	-		, Florida	
	C	ity		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 Title <u>Name</u> <u>Address</u> Type of Action **MGRM** NHDC BARCELONA, INC. 1023 NW 3 AVE. ☐ Add MIAMI, FL. 33136 LATIN Q TOWER MANAGEMENT MGR 1023 NW 3 AVE. ✓ Add CORPORATION ----MIAMI, FL. 33136 Remove N/A ___-Add ☐ Remove N/A ☐ Add Remove N/A Remove N/A ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A AUGUST 2009 Dated ____ Signature of a member or authorized representative of a member SALOMON YÜKEN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00