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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JORGE GAVIRIA Account Number : I20000000245 Phone : (305)666-8844 Fax Number : (305)667-7004

AMND/RESTATE/CORRECT OR M/MG RESIGN

PRODUCTION FACILITIES, LLC

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T. HAMPTON

FEB 2 0 2008

2/19/2008

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EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Product	on Facilities, LLC		
_	(Namo of Lin	nited Liability Company)	
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	r to the following:	
	Jorge Gaviria, Esq.	·	
		(Name of Person)	
	Jorge Gaviria, Esq.	(Firm/Company)	
		(FIRECompany)	
	9769 S. Dixie Highw	ay, Suite 101 (Address)	
		, ,	
	Mlami, Fl 33156	(City/State and Zip Code)	
For further information o	concerning this matter, please o	call:	
Jorge Gaviria, Esc		at (305) 666-8844	
(Name	of Person)	(Area Code & Daytime "	(clopnone Number)
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Foe & 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 Tallahassoc, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, PL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Production Facilities, LLC Name of the Limited Liability Company at the own appears on our records. A Florida Limited Liability Company were filed on OB/02/2004 and assigned Florida document number L04000057103 The Articles of Organization for this Limited Liability Company were filed on OB/02/2004 and assigned Florida document number L04000057103 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbre" LLC." B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent und/or the new registered office address here: Name of New Registered Agent: Now Registered Office Address: (Enter Florida street address) Florida (City) New Registered Agent's Signature, if chauging Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this documen 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 Changing Registered Agent, Signature of New Registered Agent)		1 1 1	ထ
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MGR = Manager

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:

MGRM - Managing Member Address Type of Action <u>Title</u> <u>Name</u> 6400 SW 138 Ct., N.202 S Gloria Velasquez Remove Miami, Fl.33183 <u>VP</u> Jorge Velasquez 6392 NW 84 Ave. ☐ Add Remove Miami, FI 33166 6400 SW 138 Ct., N.202 ✓ Add <u>MGRM</u> Gioria Velasquez Remove Miami_FL33183_ 6392 NW 84 Ave Miami, Fl 33166 MGRM. Jorge Velasquez Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 833 Dated February 19, 2008 Signature of a member or authorized representative of a member of printed name of signee

Page 2 of 2

Filing Fee: \$25.00