Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000241462 3)))



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To:

Division of Corporations

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: (850)617-6383

From:

Account Name

: FOWLER WHITE BURNETT P.A.

Account Number: 071250001512 Phone

: (305)789-9200

Fax Number

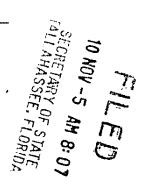
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALFA BAY INVESTMENTS, LLC

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Help J. BRYAN

NOV - 8 2010

EXAMMER

(H100002414023) COVERLETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alfa Bay Investments LLC					
	Name of Lim	ited Liability Company			
	f Amendment and fcc(s) are su	•			
Please return all corresp	ondence concerning this matte	r to the following:			
	Jeanne Fuentes Lopez				
		Name of Person			
	For	Fowler White Burnett, P.A. Firm/Company 1395 Brickell Avenue, 14th Floor Address Miami, Florida 33131 City/State and Zip Code			
•	1395				
					П
	u_				<u>-</u> П
	E-mail address:	pez@fowler-white.com to be used for future annual report notific	ation)	AM 8: OF ST	
For further information	concerning this matter, please	call:		AM 8: 08 Y OF STATE SEE, FLORID	
	e Fuentes Lopez		89-9269	•·F	
Name	of Person	Arca Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate o Certified Co (additional c	of Status &	
	I INC. A DIONECC.	OTTO DE MANAGEMENT	D ADDRESS		

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

(H 10000 2414 (223) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<i>F</i>	Nfa Bay Inv	estments LLC		
(Name of the Limite (d Liability Com A Florida Limited	pany as it now appea I Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Compa	ny were filed on	09/24/2004	and assigned
Florida document numberL0400007	0833			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited li	ability company be	re:	
		maining the same		
The new name must be distinguishable and end w "L.L.C."	ith the words "Li	mited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		Po =
(Principal office address MUST BE A STREET ADDRESS)				
				35 2 1
				SSEY -5
Enter new mailing address, if applicable:		N/A		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
				7R 68
			_	D
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter	the name of the new
Name of New Registered Agent:	N/A			
Name of New Registered Agent.		·	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	N/A	E.	nter Florida street ad	dvass
		E.J	mer Pioriuu sireel uu	ar caa
		City	, Florida	Zip Code
		City		zip Coae

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

Page 1 of 2

(H1000024141023)

If amending	the Managers or Managing Members or Member being added or removed from	n our records, <u>enter the title, name, and addre</u> our records:	ss of each Manager
MGR = Mar MGRM = M	nager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
M6R	<u>Corporate</u> Management INC	125 SW 131st Court	Add Remove
MGR.	Alfredo Patrone	5805 Blue Layoun Driv	Ard Remove
			Add Remove
***			Add Remove
<u> </u>			Add Remove
			Add Remove
D. If amend	ing any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
-1-100-10-1			10 NO
	100000		TILL SEPTON
Dated NO	vember 5 0, 2011	<u>U</u> .0	S 7 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

Page 2 of 2

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