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(Document Number)

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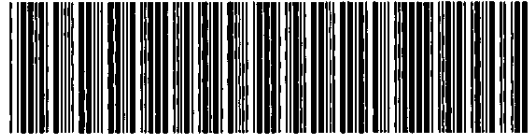
A

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AUG 21 2012

EXAMINER



500238571005

08/20/12--01006--016 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 20 PM 3: 51

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE ABREU LAW FIRM, PLLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT E. ABREU, ESQ.

Name of Person

THE ABREU LAW FIRM, PLLC

Firm/Company

4000 Ponce de Leon Blvd., Suite 470

Address

Coral Gables, FL 33146

City/State and Zip Code

robert@abreulaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT E. ABREU, ESQ.

Name of Person

at (305)

859-7330

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)

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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 AUG 20 PM 3:51

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE ABREU LAW FIRM, PLLC

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

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The Articles of Organization for this Limited Liability Company were filed on 11/08/2004 and assigned
Florida document number L04000081289.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable: 4000 Ponce de Leon Boulevard
(Principal office address MUST BE A STREET ADDRESS) Suite 470
Coral Gables, FL 33146

Enter new mailing address, if applicable: 4000 Ponce de Leon Boulevard
(Mailing address MAY BE A POST OFFICE BOX) Suite 470
Coral Gables, FL 33146

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: 4000 Ponce de Leon Boulevard, Suite 470
Enter Florida street address
Coral Gables, Florida 33146
City 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

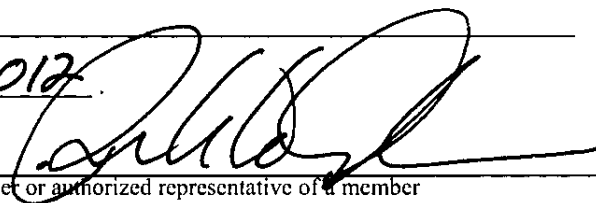
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 8/16, 2012. 

Signature of a member or authorized representative of a member

ROBERT E. ABREU, ESQ. - MGRM

Typed or printed name of signee