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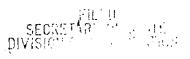
COVER LETTER

TO: Registration S Division of Co	
SUBJECT:	9710 INDIGO STREET, LLC
	(Name of Limited Liability Company)
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	BRUCE ARRICK (Name of Person)
	BRUCE A. ARRICK, P.A. (Firm Company)
	9130 SO. DADELAND BLVD, SUITE 1500
	MIAMI, FLORIDA 33186 (City State and Zip Code)
For further information of	concerning this matter, please call:
	ARRICK . at (305) 6.70 · 8 8 8 0
(Name	of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for t	he following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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



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9710 INDIGO	O STREET, LL	. C			
(A Flo	rida Limited Liability Compan	y)			
The Articles of Organization for this Limited Liabil Florida document numberL040008174		II-16-04 and assigned			
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liability company l	<u>here</u> :			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Con	npany," the designation "LLC" or the abbreviation			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		n our records, enter the name of the new			
New Registered Office Address:	SAME				
New Registered Office Address.		(Enter Florida street address)			
	(City)	, Florida(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 A	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>	Address	Ty	pe of Action
MGR	SAILFISH DEVELOPMENT,	9757 E. INDIGO ST. MIAMI, FL. 33157	_ , ≱	Add Remove
MGR	PAPANOS DEVELOPMENT GROUP, LLC	9730 E. HIBISCUS ST MIAMI, FL 33157	_ >	Remains a member/ma
MGR	CANDELARIO, LUISR.	10345 SW 135 ST MIAMI FL 33176	_ 	Add
 				Add Remove
				Add Remove
				Add Remove
D. If amen	nding any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)		
_			_	
				
Dated	December 20 200			
		authorized representative of a member		-
		SAMON_		-

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Filing Fee: \$25.00