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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 29 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Armanick Holdings, LLC
(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:

Beatriz Fernandez
(Name of Person)
1505 Fort Clarke Blvd #9108
(Firm/Company)
↑
(Address)
Gainesville FL 32606
(City/State and Zip Code)

For further information concerning this matter, please call:

Beatriz Fernandez at 305 898-0845
(Name of Person) (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

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

Armanick Holdings, LLC

(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 Liability Company were filed on 03/07/2005 and assigned Florida document number L05000023034

This amendment is submitted to amend the following:

NA 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA 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:

(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 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

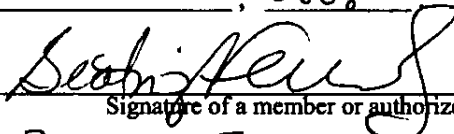
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Parra, Armando	PO Box 654312 MIAMI FL 33165	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Fernandez, Beatriz Beatriz Simara Fernandez Trustee of the Beatriz Simara	PO Box 654312 MIAMI FL 33165	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Fernandez Trust Armando Javier Parra, Trustee of the Armando	PO Box 654312 MIAMI FL 33165	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Javier Parra Trust	PO Box 654312 MIAMI FL 33165	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

please use name same as enclosed certificate

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

Dated 10-20, 2008



Signature of a member or authorized representative of a member

BEATRIZ FERNANDEZ

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT 28 A 10:12

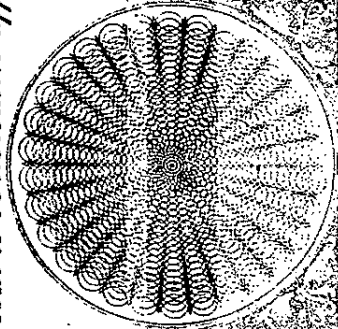
FILED

ARMANICK HOLDINGS, LLC

MEMBERSHIP CERTIFICATE

This Certifies that Armando Javier Parra, Trustee of the Armando Javier Parra Trust
 is a member of the above named *Limited Liability Company* and is entitled to the full benefits
 and privileges of such membership, subject to the duties and obligations, as more fully set forth in
 the *Limited Liability Company Operating Agreement*.

In Witness Whereof, the *Limited Liability Company* has caused this Certificate to be executed
 by its duly authorized members this 17th day of April 2008.
 and its *Limited Liability Company* seal to be hereunto affixed.



Armando Javier Parra
 Armando Javier Parra
 MEMBER

Beatriz Simara Fernandez
 Beatriz Simara Fernandez
 MEMBER

ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA

ARMANICK HOLDINGS, LLC

MEMBERSHIP CERTIFICATE

This Certifies that Beatriz Simara Fernandez, Trustee of the Beatriz Simara Fernandez Trust
is a member of the above named *Limited Liability Company* and is entitled to the full benefits
and privileges of such membership, subject to the duties and obligations as more fully set forth in
the *Limited Liability Company Operating Agreement*.
In Witness Whereof, the *Limited Liability Company* has caused this Certificate to be executed
by its duly authorized member this 17th day of April 2008.
and its *Limited Liability Company* seal to be hereunto affixed.

Beatriz Simara Fernandez
Beatriz Simara Fernandez MEMBER

Armando Javier Parral
Armando Javier Parral MEMBER