105000035436

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(Ci	ity/State/Zip/Phon	ne #)
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	of Corporations
SUBJECT: COM	IMSUR LLC
	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	JUAN L GUTIERREZ
	Name of Person
	COMMSUR LLC
	Firm/Company
	13005 KEYSTONE TERRACE
	Address
	MIAMI, FLORIDA 33181
	City/State and Zip Code
	jlg@commsur.com
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
JUAN L. GUTIER	REZ 305 298-8849 at ()
N	Vame of Person Area Code Daytime Telephone Number
Enclosed is a check	c for the following amount:
□ \$25.00 Filing F	Fee \$\begin{align*} \begin{align*} \

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

	COMMSUF	RLLC	
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document numberL05000035436	Liability Company	were filed on 4/12/2005	and assigned
	·		
This amendment is submitted to amend the fol	iowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
	1 (77) 1 1 1 1 1 1	Y 0 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
The new name must be distinguishable and contain the	words "Limited Liabi		obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		13005 KEYSTONE TERRACE	
		MIAMI, FLORIDA 33181	
Enter new mailing address, if applicable:		13005 KEYSTONE TERRACE	
(Mailing address MAY BE A POST OFFICE	BOX)	MIAMI, FLORIDA 33181	
	,		
B. If amending the registered agent and	_		the name of the new
registered agent and/or the new registered of	office address her	<u>e</u> :	
Name of New Registered Agent:	JUAN L GUTI	ERREZ	<u></u> 5
New Registered Office Address:	13005 KEYST	ONE TERRACE	and the second s
Trew registered office Address.	· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	(3) (3)
	MIAMI	, Florida _33	<u>.</u>
		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member.

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JUAN L GUTIERREZ	13005 KEYSTONE TERRACE	≣ Add
		MIAMI, FLORIDA 33181	□ Remove
			Change
MGR	JOSE A MIJARES	15571 NW 83 PLACE	
		MIAMI LAKES, FL 33016	Remove
			Change
		_	Add
			Remove
			Change
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Tective date, if other than the dan effective date is listed, the date must ote: If the date inserted in this bloom	be specific and cannot be prior	to date of filing or mo	re than 90 days after file	ing.) Pursuant to 605.020
ocument's effective date on the Dep	partment of State's records.	ioic statutory ming	requirements, this de	ate will not be fisied a
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Page 3 of 3

Filing Fee: \$25.00