L05000049172

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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

DEC 1 0 2010

EXAMINER

COVER LETTER

Division of C				
SUBJECT:	ASKMI	ETENNIS LLC		
		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
	E	DUARDO E JIMENEZ		
		Name of Person		
		Firm/Company		
		401 93 ST	 	2000年
	_	Address		ETESSEE.F
		City/State and Zip Code	<u></u>	門里
		KIRSCHBAUMUSA.COM to be used for future annual report notific	ation)	DEC-9 MIII: 16
For further information	concerning this matter, please c	all:		underg.
	RDO E. JIMENEZ	ut (87-3998	
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)	Certified	te of Status &
	LING ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASKMETENNIS LLC

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

DEC-SAIL! 05/18/2005 The Articles of Organization for this Limited Liability Company were filed on _____ L05000049172 Florida document number _____ 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." 401 93 St. Enter new principal offices address, if applicable: SURFSIDE, FLORIDA 33154 (Principal office address MUST BE A STREET ADDRESS) 401 93 St. Enter new mailing address, if applicable: SURFSIDE, FLORIDA 33154 (Mailing address MAY BE A POST OFFICE BOX) 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: EDUARDO E. JIMENEZ Name of New Registered Agent: 401 93 St. New Registered Office Address:

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.

SURFSIDE City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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	Type of Action
MGRM	JAVIER L QUIROGA	8430 HARDING AVE. SUITE #3 MIaMI BEACH, FL 33:	
			Add Remove
			Add Remove
			AddRemove
	 		AddRemove
,			Add Remove
D. If amend	ding any other information, er	ter change(s) here: (Attach additional sh	
		l	O DEC -9 AMI
Dated	DECEMBER 8	,	L'STATE TO THE STATE OF THE STA
	Signature o	f a member or authorized representative of a	member
		EDUARDÓ E JIMENEZ Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00