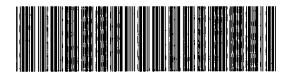
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(Requestor's Name)					
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TO JUN -7 PM 12: 13

COVER LETTER

TO:

TO:	Registration S Division of Co				
SUBJI	e € T•	SEIS CEI	RO SEIS P, LLC		
0020			ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		·
Please	return all corresp	ondence concerning this matter	to the following:		
			Name of Person		
		SE	IS CERO SEIS P, LLC	;	
	 				
247 SW 8th STREET # 359					
Address					
MIAMI, FL 33130					
			City/State and Zip Code		<u>.</u>
St. E-mail address: (to			tellacu@hotmail.com to be used for future annual repor	t notification	on)
For fu	ان Ther information ر		-		,
		one on the state of the state o		ı	
		an Sherman	at (786_)		72689
	Name o	of Person	Area Code & D	Daytime Tel	ephone Number
		the following amount:			
□ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:		STREET/CO	OURIER	ADDRESS:	

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 JUN -7 PM 12: 13

SEIS CERO S	SEIS P, LLC	STEAR LANY OF	STATE.
(<u>Name of the Limited Liability Comp</u> an (A Florida Limited Li	y as it now appear ability Company)	s on our records.) [[;	FLORIDA
The Articles of Organization for this Limited Liability Company Florida document numberL0500053271	were filed on	05/27/2005	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	2:	
N/A			
The new name must be distinguishable and end with the words "Limit 'L.L.C."	ed Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	N/A	·	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ur records, enter ti	ne name of the new
Name of New Registered Agent: N/A			·-·-
New Registered Office Address:	Ent	er Florida street addi	ress
	23.11		
		T31 ' 1	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records. Enter the title, name, and address of each manager or Managing Member being added removed from our records: MGR= Manager MGRM= Managing Member <u>Title</u> Type of Action <u>Name</u> <u>Address</u> **MGRM** Add JORGE SEJNAUI 247 SW 8th street#359 Remove Miami FI 33130 D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary.) JORGE SEJNAUI MUST BE REMOVED AS A MEMBER OF THE CORPORATION Seis cero Seis P,LLC. 04/05/2010 Dated Signature of a member or authorized representative of a member

Page 2 of 2

JORGE SEJNAUI
Typed or printed name of signee

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