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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

SUBJECT: SARNELA ENTERPRISE 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:
SERGIO A. RODRIGUEZ, Trajuni
SARNELA ENTERPRISE, LLC Firm/Company
Address  Address  Address  City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
SERGIO A. Red Right at (561) 441-3600  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    Second Filing Fee   Second Filing Fee & Certificate of Status   Second Filing Fee & Certificate of Status & Certificate of St
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

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

INDUE DE LEVERDRICE II.C

	CHICKLESC / DDO
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Corlorida document number	mpany were filed on ck /17/2005 and assigned
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	: نفر : 
Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	2:
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new regis</u> t
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or comoved from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
17MBR	MARIANCIA Rod	A" ) UE 2	□Add
			□Remove
		773 NE71 Street, Be	SCa Raton F133487 XChange
1	Sergio A. Rodrie	<u></u>	□Add
			□Remove
		MIDNETI Street, BOI	Change
<u>S.</u>	Daniel S. Rodnis	JEN 773 NEMI Street, Ascra	- Ruhm, F1 33487 DAdd
			Remove
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Effective date if other than the	date of filing:	(optional	i)
Note: If the date inserted in this b	ock does not meet the applicable statu	iling or more than 90 days after filin ory filing requirements, this dat	g.) Pursuant to 605.02 e will not be listed
document's effective date on the D	epartment of State's records.		
The second state of affective	date, but not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90th day after
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ned May 8	<u>20.65</u> .		
mari	signature of a member or authorized typ		
	Signature of a member or authorized by	SIEV AMBR	