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N. Culligan AUG 23 2005

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dos Cero Uno P, 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:

Ricardo L. Carmona  
(Name of Person)

Ricardo L. Carmona, PA  
(Firm/Company)

2800 Ponce De Leon Blyd. Suite 1160  
(Address)

Coral Gables, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ricardo L. Carmona at ( 305 ) 447-3840 Tel. 305-447-3787 F  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

Dos Cero Uno P, LLC

(Present Name)  
(A Florida Limited Liability Company)

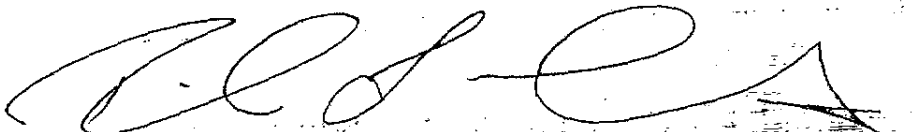
**FIRST:** The Articles of Organization were filed on June 29, 2005 and assigned document number L05000064276.

**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

1. Change the principal address to: 12973 SW 112 Street, Suite 322, Miami, FL 33186.
2. Change the mailing address to: 12973 SW 112 Street, Suite 322, Miami, FL 33186.

FILED  
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DIVISION OF CORPORATIONS  
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Dated August 18, 2005

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**