

LOS 000066934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

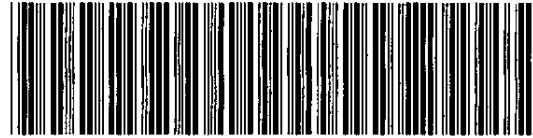
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/04/08--01024--001 **50.00

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DIVISION OF CORPORATIONS
08 SEP - 5 PM 3: 36

J. BRYAN AUG 5 2008

J. BRYAN

SEP - 8 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2008

JORGE SUAREZ-MURIAS
275 HARBOR DRIVE
KEY BISCAYNE, FL 33149

SUBJECT: LORAMUR LIMITED LIABILITY COMPANY
Ref. Number: L05000066934

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We have received your document for LORAMUR LIMITED LIABILITY COMPANY and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only remove one person using the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.


If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 508A00044640

9-4-08

No Person is Resigning
At this time


Jorge Schaez-Moriz

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LORAMOR Limited Liability Co
(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:

Jorge Suarez-Murias
(Name of Person)

LORAMOR LLC
(Firm/Company)

275 Harbor Drive
(Address)

Key Biscayne FL 33149
(City/State and Zip Code)

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For further information concerning this matter, please call:

Jorge Suarez-M at 305 361-2272
(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)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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**

LOIAMV2 LLC

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

The Articles of Organization for this Limited Liability Company were filed on 7/6/2005 and assigned Florida document number LO5000066934

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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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

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 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.

(If Changing Registered Agent, Signature of New Registered Agent)

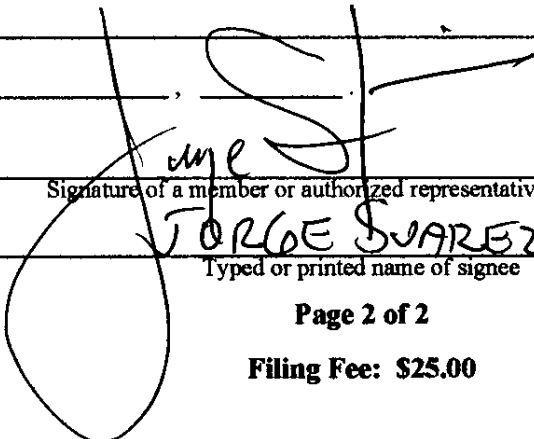
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jorge Suarez Murias	225 Harbor Drive Key Biscayne FL 33149	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated 9-4-08


Signature of a member or authorized representative of a member
JORGE SUAREZ-MURIAS

Typed or printed name of signee