L05000101239

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| PICK-UP WAIT MAIL |
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FILED 10 MAY 20 PM 2: 18 SECRETARY OF STATE AND ANASSEE, FLORIDA

J. BRYAN
MAY 2 1 2010
EXAMINER

COVER LETTER

| то: | Registration S Division of Co | | | | |
|---------------------------------------|----------------------------------|---|--|--------------------|--------------------------|
| SUBJE | CCT: | | | | |
| | | | By Li Rose, LLC ted Liability Company | | |
| | | f Amendment and fee(s) are sub condence concerning this matter | _ | | |
| | | | Javier Antonio Diaz | | |
| | | | Name of Person | | |
| 390 | | | tgages By Li Rose, LLC | | مسريت |
| | | | Firm/Company | | FB 2 m |
| | | | 0 NW 79 Ave Suite 562 | | TILEU MAY 20 PM 2: 18 |
| | | | Address | THE P | |
| | | | Doral, Fl 33166 | | of Si |
| | | | City/State and Zip Code | 温景 7 | |
| | | | Irdiaz@lirose.com to be used for future annual report notifi | °g vm | |
| For fur | ther information | concerning this matter, please o | eall: | | |
| | Javi | er Antonio Diaz | at (305) | 962-1597 | |
| Name of Person | | of Person | Area Code & Daytime | e Telephone Number | |
| Enclose | ed 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 | e of Status & |
| MAILING ADDRESS: Registration Section | | | STREET/COURI Registration Section Division of Corpor | n | |

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



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

| (A | Florida Limited L | Liability Company) | , | | |
|---|--|--------------------------|--|-------------------------|--|
| The Articles of Organization for this Limited L Florida document numberL0500010 | | were filed on | May 17,2010 | and assigned | |
| This amendment is submitted to amend the following | owing: | | | | |
| A. If amending name, enter the new name o | f the limited liab | ility company he | <u>re</u> : | | |
| The new name must be distinguishable and end wi "L.L.C." | th the words "Limi | ited Liability Comp | any," the designation "L | LC" or the abbreviation | |
| Enter new principal offices address, if applic | able: | 3900 NW 79 Ave Suite 562 | | | |
| (Principal office address MUST BE A STREET ADDRESS | | Doral, Fl 33166 | | | |
| , | | | | | |
| Enter new mailing address, if applicable: | | 3900 NW 79 Ave Suite 562 | | | |
| (Mailing address MAY BE A POST OFFICE | Doral, Fl 33166 | | | | |
| B. If amending the registered agent and/registered agent and/or the new registered of | | | our records, <u>enter t</u> | ne name of the new | |
| Name of New Registered Agent: | Name of New Registered Agent: Javier Anton | | | | |
| New Registered Office Address: | 3900 NW 79 | 9 Ave Suite 56 | <mark>2</mark> nter Florida street addr | ess | |
| | | Doral | | 33166 | |
| | | City | , Florida | Zip Code | |
| Ni D! | n | | | | |

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

Page 1 of

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 = Mar MGRM = M | nager Íanaging Member | | |
|-----------------------|--------------------------|---|---|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGRM | Lilia R Diaz | 275 Deer Run Drive Miami Springs Fl 33166 | Add Remove |
| <u>MGRM</u> | Javier Antonio Diaz | 3900 NW 79 Ave Suite 562 Doral, Fl 33166 | ✓ Add ☐ Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | Nay 17 (, i | ange(s) here: (Attach additional sheets, if necessor | 10 MAY 20 PM 2: 18 SEPRETURY OF STATE FAIL ANASSES, FLORIDA |
| | • | nber or authorized representative of a member Lilia R Diaz | |
| | Ty | ped or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00