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Division of Corporations

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Phone : (954)389-1333

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PROYECTO DORADO, LLC

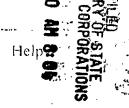
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Corporate Filing Menu

OCT - 12009

EXAMINER



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Proyecto Do			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL05000106263	were filed on	10/31/2005	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	re:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation "L	,LC" or the abbreviation
Enter new principal offices address, if applicable:	7891 W. Fla	gler Street	9 Y
(Principal office address MUST BE A STREET ADDRESS)	Suite 516		8 9
	Miami, FL 3	3144	7 95-
Enter new mailing address, if applicable:	7891 W. Fla	gler Street	O CORP
(Mailing address MAY BE A POST OFFICE BOX)	Suite 516		9
	Miami, FL 3	3144	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	nter Florida street add	ress
		, 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 familian 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

GR = M GRM =	anager Managing Member		
<u>tle</u>	<u>Name</u>	Address	Type of Actio
			F1 -
			Remove
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			Remove
			Add
			Remove
			Add
			Remove
			(<u>-1</u>)
If ame	nding any other information	, enter change(s) here: (Attach additional she	els. if necessary.)
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_			T OR AT
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<u>~</u>	Signatu	re of a member or authorized representative of a me	enther

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Filing Fee: \$25.00