	(Requ	iestor's Name)	
	(Addr	ess)		
,	(Addr	ess)		
	(City/S	State/Zip/Pho	ne #)	
PICK-UF	>	☐ WAIT	М	AIL
	(Busir	ness Entity Na	nme)	
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Certified Copies		Certificate	es of Status _	
Special Instructions	to Fil	ling Officer:		
	A	IIIN	T	

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COVER LETTER

TO:	Registration S Division of Co						
SUBJE	СT•	Garcia 8	& Associates PL				
DO BOE			ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.			,	
Please re	eturn all corresp	ondence concerning this matter	r to the following:				
			Rene J. Garcia Jr. Name of Person				
		G	arcia & Associates Pl			SACTOR POLITICAL	to more than the
			Firm/Company			SEC.	٦.
		175	SW 7 Street, Suite 17	714		2009 JUN 25 TALLAHASS	· •
			Address				i n J
			Miami, Florida 33130			PM 3: PF STA	フ
			City/State and Zip Code			3: 11 STATE LORID	
		E-mail address: (rene@gapllaw.com to be used for future annual rep	ort notification)		Þ	
For furtl	her information	concerning this matter, please of	call:				
		ie J. Garcia Jr.	at (_305)	305.860		 	
	Name	of Person	Area Code &	Daytime Teleph	hone Number		
Enclose	d is a check for t	the following amount:					
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	_	Certified	e of Status &	
	Regist Divisi P.O. E	ration Section on of Corporations dox 6327 assee, FL 32314	Registration Division of Clifton Bui	Corporations lding utive Center Ci			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (AF)		sociates PL ny as it now appear Liability Company)	s on our records.))		
The Articles of Organization for this Limited Liab Florida document number L050001090	11/10/2005		and assi	igned		
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	he lim <u>ited liab</u>	ility company her	<u>e</u> :			
The new name must be distinguishable and end with t "L.L.C."	he words "Limi	ted Liability Compa	ny," the designation	m "ЦС	" or the a	bbreviation
Enter new principal offices address, if applicab	175 SW 7 Street		₽æ	ے	77	
(Principal office address MUST BE A STREET ADDRESS)		Suite 1714		ASS	N	**************************************
Enter new mailing address, if applicable:		Miami, Florida		Y OF STATE	3:	- E D
(Mailing address MAY BE A POST OFFICE BO	Suite 1714		> -	2		
The state of the s		Miami, Florida 33130				
B. If amending the registered agent and/or registered agent and/or the new registered office	ee address her	<u>e</u> :	our records, <u>ent</u>	er the	name o	f the new
Name of New Registered Agent:	Garcia & Associates PL					
New Registered Office Address:	175 SW 7 Street, Suite 1714					
		Ent	ter Florida street	address	S	
		Miami , Florida			33130	
		City		2	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 Mistered 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 = Ma MGRM = N	inager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			The second secon
			<u> </u>
			Remove
D. If amen	ding any other information	s, enter change(s) here: (Attach additional s	heets, if necessary.)
_			
_			
Dated	June 22		
	Signatu	re of a member or appearized representative of a	member
		Rene J. Garcia Jr.	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00