05000121133

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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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MAY 2.1 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2009

ANGELA MARTINEZ P.O. BOX 451203 MIAMI, FL 33245-1203

SUBJECT: DE NADA A ALGO, LLC

Ref. Number: L05000121133

We have received your document for DE NADA A ALGO, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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 (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 309A00015139

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: De Noda A Algo, 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:	
Argela N. Martinez (Name of Person)	
Angela N. Martinez, P.A. (Firm/Company)	
P.O. Box 451203 (Address)	d. 2
Migmi, FL 33245-1203 (City/State and Zip Code)	2009 MAY 18 SECRETAR' TALLAHASS
For further information concerning this matter, please call:	~~ <i>•</i>
Argela N. Martin ez at (2005 812 - 8585 (Area Code & Daytime Telephone Number)	AM IO: 45 OF STATE EFFLORIDA

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

555.00 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

De Nada A Algo, 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 Florida document number <u>LO5000171133</u> .	were filed on 12 20 2005 and assigned			
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 "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	2100 Salzedo Frat			
(Principal office address MUST BE A STREET ADDRESS)	Suite 202 SA TO			
	Coral Gables, Feb 33137			
Enter new mailing address, if applicable:	D.O. BOX 4517035 5			
(Mailing address MAY BE A POST OFFICE BOX)	Miami FL 33245-1203			
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: Angel	a N. Martinez			
New Registered Office Address: 2100	(Enter Florida street address)			
caral	Gables, Florida 331324 (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 divies, 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 donfirm that the limited liability company has been notified in writing of this change.

NCC hanging Registered Agent, Signature of New Registered Agent)

Page 1 of 2

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 Ianaging Member	· ·	
Title	<u>Name</u>	Address	Type of Action
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			AddRemove
			Remove
			LAHAYAdd Romove Romove
			OF STATE Remove
			Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if r	necessary.)
	110 110 5		
Dated	Signature of many	ber or authorized representative of a member	thingel susantatre
	Mach	ped or printed name of signee	<u>c2</u>

Page 2 of 2

Filing Fee: \$25.00