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COVER LETTER

TO:	"Registration Section
	Division of Corporations

SUBJECT: ELIBE, 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:

ELENA GABARAIN

Name of Person

ELIBE, LLC

Firm/Company

444 BRICKELL AVE., SUITE 828

Address

MIAMI, FL 33131

City/State and Zip Code

fabio alfonso@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FABIO ALFONSO

,³⁰⁵ ,416-3040

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

	BE, LLC			
(Name of the Limited	Liability Company as it now app Florida Limited Liability Compan	ears on our records.)		
The Articles of Organization for this Limited Life Florida document numberL060000375	iability Company were filed on <u>(</u> 11)4/10/2006	and assigne	d
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	f the limited liability company	<u>here</u> :		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Cor	npany," the designation	"LLC" or the abbre	 viatio
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREET ADDRESS)		AUG 2		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		PM 12: 10 Y OF STATE SEE FLORIDIA	m O
B. If amending the registered agent and/ registered agent and/or the new registered of	fice address here:		r the name of th	e nev
Name of New Registered Agent:	ELENA GABAR	<u>AIN</u>		
New Registered Office Address:	444 BRICKELL AVE	<u></u>		
		Enter Florida street a		
	MIAMI	, Florida .	33131	
	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> **Address** Type of Action 444 BRICKELL AVE., SUITE 828 MGR **GUSTAVO ELIZALDE** Add MIAMI, FL 33131 Remove 444 BRICKELL AVE., SUITE 828 MGR **ELENA GABARAIN** Add MIAMI, FL 33131 Remove Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
Dated	AUGUST 19 2013
	Signature of a nuember or authorized representative of a member
	ELENA GABARAIN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

