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2011 NOV 10 PH 120 120 SEGRETARY OF STATE TALLIAMASSEE, FLORIDA

T. CLINE
NOV 14 2011
EXAMINER

COVER LETTER

TO:

TO:	Registration So Division of Co				
SUBJE	ECT:	Alborada I	nvestments, LLC		
		Name of Limi	ted Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			Tammy Perez		_
			Name of Person		
			abadesa Associates		
			Firm/Company		-
	7005 W 17th Ct				
	Address				-
			Hialeah, FL 33014		24
	City/State and Zip Code				
		tar	nmyp@tabadesa.cor	n	7. F.
			to be used for future annual rep	oort notification)	2011 NOV 10 SEGRETARY NEL AHASSE
For furt	ther information o	concerning this matter, please c	all:		m_
	Та	ammy Perez	at (_786)_	541-8043	FLORI
	Name o	f Person	Area Code &	Daytime Telephone Number	
Enclose	ed is a check for the	he following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certifie	ate of Status &
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registratio	f Corporations	
Tallahassee, FL 32314		assee, FL 32314		utive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Albo	rada Investments, Ll	<u>_C</u>		_	
(Name of the Limited Li (A Fl	ability Company as it now apported Limited Liability Company	oears on our records.) y)			
The Articles of Organization for this Limited Liabi		December 6, 2006	and	assigne	ď
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability company	here:			
The new name must be distinguishable and end with ti	he words "Limited Liability Con	mpany," the designation "Ll	Ci or th	he abbre	 viation
Enter new principal offices address, if applicabl	le:		至洲	<u>35</u>	
(Principal office address MUST BE A STREET)	ADDRESS)		SAT		F2.00
Enter new mailing address, if applicable:			Y OF STATE		_m
Mailing address MAY BE A POST OFFICE BO	<u> </u>		25	150	
B. If amending the registered agent and/or registered agent and/or the new registered offic		n our records, enter th	e nam	e of th	e new
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida street addr	ess		
		, Florida			
	City	, riotiua	Zip C	ode	

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

Title .	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Maria Monica Andra	2123 Renaissance Blvd Suite 305 Miramar, FL 33025	✓ Add Remove
<u>MGR</u>	Hernan Muino Uranga	2123 Renaissance Blvd Suite 305 Miramar, FL 33025	✓ Add Remove
MGR	Lautaro Mario Uranga	2123 Renaissance Blvd Suite 305 Miramar, FL 33025	✓ Add Remove
MGR	Carmen Liliana Echenique	2123 Renaissance Blvd Suite 305 Miramar, FL 33025	Add Remove
MGR	Ludmila Nieczyporuk	2123 Renaissance Blvd Suite 305 Miramar, FL 33025	Adds Remove
MGR	Melisa Nieczyporuk	2123 Renaissance Blvd Suite 305 Miramar, FL 33025	Remove
D. If ar	mending any other information, enter o	change(s) here: (Attach additional sheets, if new	cessar Din
	Also Please Add:		
	MGR - Juan Ignacio Nieczyporu	<u>k</u>	
	2123 Renaissance Blvd		· · · · · · · · · · · · · · · · · · ·
	Suite 305		•
	Miramar, FL 33025		
Dated _	November 6	2011	
	Signature of a m	ember or authorized representative of a member	<u> </u>
	•	Tabadesa Associates - Register Agen	t
		Typed or printed name of signee	-

Page 2 of 2

Filing Fee: \$25.00