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SECRETARY DE COMPORTATION DIVISION OF COMPONIATION

## COVER LETTER

Division of Co	orporations			
SUBJECT:	Tabacale	era General LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	oondence concerning this matter	r to the following:		
		J. Ronald Denman		
		Name of Person		
	J.	J. Ronald Denman, P.A.		
		Firm/Company		
	2500	2500 NW 107 Ave, Suite 402		
	<del></del>	Address		
		Miami, FL 33172		
		City/State and Zip Code		
	jrden	nman@jrdenmanlaw.com to be used for future annual report notifica	tion)	
For further information	concerning this matter, please of		,	
J. R	Ronald Denman	at ( 305 ) 5 <sup>-</sup>	17-1300	
Name	of Person	Area Code & Daytime T	elephone 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: STREET/COURIER ADDRESS:		R ADDRESS:		

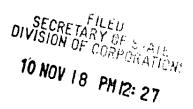
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO!

**Registration Section** 

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Taba ( <u>Name of the Limited Liab</u> (A Florid	calera General LLC lity Company as it now appears da Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number		12/12/2006 and assigned	
This amendment is submitted to amend the following	•		
A. If amending name, enter the new name of the l	limited liability company here		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ry," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on o	ur records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
<del>-</del>			
New Registered Office Address:	Enter Florida street address		
	, 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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** Vidal Suriel mgrm 2500 NW 107 Ave, Suite 402 ✓ Add
☐ Remove Miami, FL 33172 ☐ Add Remove Add Remove Remove ∐Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 10 2010 Dated \_\_\_ Signature of a member or authorized representative of a member J. Ronald Denman Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00