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COVER LETTER

SUBJECT: Marcell 2	TO:	Registration Section Division of Corporations	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person ALL ARREATION	SUBJ	ECT: Marce of Limited Liability Company)	<u>.C</u>
Please return all correspondence concerning this matter to the following: (Name of Person) Wacella Cohen LLC (Firm/Company) Po Box 40-3232 (Address) Main Brach H 331240 (City/State and Zip Code) For further information concerning this matter, please call:		(Cambo 2 Zamino 2 Zamino)	
Please return all correspondence concerning this matter to the following: (Name of Person) Wacella Cohen LLC (Firm/Company) Po Box 40-3232 (Address) Main Brach H 331240 (City/State and Zip Code) For further information concerning this matter, please call:			
(Name of Person) Macella Cohen LLC (Firm/Company) Po Box 40-3232 (Address) Mam, Beach, H 331246 (City/State and Zip Code) For further information concerning this matter, please call:	The en	closed Articles of Amendment and fee(s) are submitted for filing.	
(Address) Mismi Breach, H 331246 (City/State and Zip Code) For further information concerning this matter, please call: Marcala at (305) 7932025	Please	return all correspondence concerning this matter to the following:	
(Address) Mismi Breach, H 331246 (City/State and Zip Code) For further information concerning this matter, please call: Marcala at (305) 7932025			O:
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Misming Beach, H 331246 (City/State and Zip Code) For further information concerning this matter, please call: Macala at (305), 7932025		Po Box 40-3232	NRTH : 3:
(City/State and Zip Code) For further information concerning this matter, please call: at (335) 3932025			B. 1. 10
(City/State and Zip Code) For further information concerning this matter, please call: at (335) 3932025		Mrzin, Beach, H 33	312/0
Macala a1 305, 7932025		(City/State and Zip Code)	
(Name of Person) at (335) 7932025 (Area Code & Daytime Telephone Number)	For fu	ther information concerning this matter, please call:	
(Name of Person) (Area Code & Daytime Telephone Number)		Marcale at 305, 7938	2025
		(Name of Person) (Area Code & Daytime Telep	phone Number)
Enclosed is a check for the following amount:	Enclose	ed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,	\$25.		
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	7	(additional copy is enclosed) Cer	rtified Copy

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

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 27 Jebo7 and assigned document number L070000394	
SECOND:	This amendment is submitted to amend the following: Change name to read as follows: Marcela Paz Cohen, LLC	
	ALLAHAS SEE	07 MAR 21
	LORDA LORDA	PH 11:132
Dated	19 Mar , 2007	_
	Signature of a member or authorized representative of a member	
	Marcala Coh. En Typed or printed name of signee	

Filing Fee: \$25.00