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MAY 17 2011

EXAMINER



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COVER LETTER

TO:	Registration Division of C			
SUBJE	ECT:	ES	-ALBA LLC	
The en	closed Articles o	of Amendment and fee(s) are su	ubmitted for filing.	
Please	return all corres	pondence concerning this matte	er to the following:	
LISANDRO ALBARRACIN				CIN
			Name of Person	
			ES-ALBA LLC	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
			Address	
		MIAI	MI GARDENS , FL ,33	3055
			City/State and Zip Code	
		liS E-mail address:	androalba@yahoo.co (to be used for future annual rep	oort notification)
For furt	ther information	concerning this matter, please	call:	
	Lisa	ndro Albarracin	at (_786)	436-4182
	Name	of Person	Area Code &	z Daytime Telephone Number
Enclose	ed 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 e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divisi	LING ADDRESS: tration Section on of Corporations Box 6327	Registration	Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	S-ALBA LLC			
(Name of the Limited Liabili (A Florida	ity Company as it now appea a Limited Liability Company)	rs on our records.		
(/// 10/10/	Billion Engoliny Company)			
The Articles of Organization for this Limited Liability	Company were filed on	03/23/2007	and assigned	
Florida document number L07000031253				
	 ·			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the li</u>	nited liability company he	<u>re</u> :		
	1. #I ' ' 2. II ' 1. II' C		TION	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	any," the designation "	LLC" or the appreviation	
Enter new principal offices address, if applicable:			=	
- "				
(Principal office address MUST BE A STREET ADD	<u> </u>		<u> </u>	
			<u> </u>	
			5	
Enter new mailing address, if applicable:			ु उन्हार	
(Mailing address MAY BE A POST OFFICE BOX)			CS 80	
	<u> </u>		Σ Ε ω	
	<u> </u>		<u>⊅</u>	
B. If amending the registered agent and/or regi	stered office address on o	our records. enter	the name of the new	
registered agent and/or the new registered office ad		<u> </u>		
Name of New Registered Agent:		·		
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, 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
MGRM	GRACIELA V. ESCUREDO	18475 NW 52 PATH MIAMI GARDENS FL 33055	Add 7 Remove
			Add Remove
			Add Remove
<i></i>			Add Remove
<i>'</i>			Add Remove
_			Add Remove
D. If amend	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			_
Dated	MAY 12 , 20°	11 . Idea	

Page 2 of 2

Filing Fee: \$25.00