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COVER LETTER

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TO: Registration Section Division of Corporations	•
SUBJECT: Band [Name of Limited Liability Company
The enclosed Articles of Amendment and	fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
	aul A. Puig Esq.
<u>R.</u> 404.	4 Prig. P.A. 5 Shevidan Ave. #205
	Address
Mi	ami Beach, FL 33140 City/State and Zip Code
RAU	LG RAPUIGLAW. COM -mail address: (to be used for future annual report notification)
For further information concerning this m	atter, please call:
Raul A. Prig E.	59. at (305) 496-5593 Area Code Daytime Telephone Number
Enclosed is a check for the following amo	unt:
S25.00 Filing Fee S30.00 File Certificat	ing Fee & \$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	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Limited Company)
	ompany were filed on April 4, 2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10.23
	l office address on our records, <u>enter the name of the new registerec</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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		<u>Address</u>		Type of Action
MGR_	CLAUDE	EVERETT BUT	RRELL	476 NE 70 ST. MIAMI, FL 33138	Add
					□Remove
			470	6 NE 70 ST.	□Change
MGR	MICHAEL	BURRELL	MI	AMI, FL 33138	□Add
					Remove
					Change
					□Add
					Remove
			<u> </u>		_ □Change
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				19-11-	□Change
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			 		□Remove
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