Division of Capporntion OOOOOL Shyperter.subjiz.co/scripts/efilcovr.exe Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H11000176103 3))) H110001761033ABCU Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN С Ф 1110 BRICKELL, LLC õ RECEIVED 푼 Certificate of Status 0 5 Certified Copy 0 8: 1:1 Page Count 03 Estimated Charge \$25.00**B. BOSTICK** JUL - 8 2011 Electronic Filing Menu Corporate Filing Menu Help **EXAMINER** 1 of 1

| ARTICLES OF AMENDMENT |
|--------------------------|
| ТО |
| ARTICLES OF ORGANIZATION |
| OF |

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(Name of the Limited Liability Company as II now appears on our records.) (A Plorida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05072007 and assigned Florida document number 207000048337

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

| Enter new principal offices address, if applicable: | | | |
|--|------------------------------|---------------------------------|--|
| (Principal office address MUST BE A STREET ADD | RESSI | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE ROX) | | | |
| | | | |
| | | <u> </u> | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | | ords, enter the name of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | | , Florida | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Register | ed Agenti | | |

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

Page 1 of 2

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 = Managiug Member

| Title | Name | Address | Type of Action |
|--------------|-----------------------|---|----------------|
| MGEM | Alcerro Zeerk | 3750 NW 114 AVE STE 6 MIAMI FL 33178 | Add Remove |
| MGRM | JORGE ZRETK | 3750 NW 114 Ave 5786 Mini FL 33178 | Add Remove |
| MGRM | YOUDT ZEETL DE LOUTET | 3750 NW 114 NE STE 6 AllANI PL 33178 | Add Remove |
| M <u>aem</u> | FRANCISCO J. GOWZALEZ | 3750 NW 114 AUE STE 6 Migni PL 33470 | Add Remove |
| Mar | FRANCISCO J. GOWZHEZ | 3750 NW 114 NE STE 6 Migni FL 33178 | Add Remove |
| | | | Add Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)



Filing Fee: \$25.00