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SECRETARY OF STATE

M. THOMAS

JUL 1 4 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Co	rporations			
SUBJECT:	Aruba	Holdings, LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Joe Florea		-
		Name of Person		
	Aruba Holdings, LLC			_
		Firm/Company		
	148	30 SW 3rd St Suite C3		_
		Address	•	200 1A
	Pon	npano Beach, FL 33069		FIL 2009 JUL I SECRETA TALLAHA
		City/State and Zip Code		芸二
	E-mail address: (jfaruba@aol.com to be used for future annual report n	otification)	JUL 13 PH CRETARY OF
For further information	concerning this matter, please c	•		13 PM 3: 20 TARY OF STATE ASSEE, FLORID
	Joe Florea	at (954)	786-7292	DM O
Name	of Person	at (954) Area Code & Day	rtime Telephone Numb	er
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificosed) Certific	iling Fee, cate of Status & ed Copy onal copy is enclosed)
MAILING ADDRESS:		STREET/COU	JRIER ADDRESS:	

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Aruba Holdings, LLC			
(<u>Nam</u>	e of the Limited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)		
ū	this Limited Liability Company were filed on	05/30/07 and assigned		
Florida document number	L07000057008			
This amendment is submitted to	amend the following:			
A. If amending name, enter the	ne new name of the limited liability company he	ere:		
The new name must be distinguish "L.L.C."	able and end with the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation		
Enter new principal offices ad	dress, if applicable:			
(Principal office address MUS)	T BE A STREET ADDRESS)	User		
Enter new mailing address, if (Mailing address MAY BE A P B. If amending the register registered agent and/or the ne		our records, enter the new		
Name of New Register	red Agent:			
New Registered Office		nter Florida street address		
	·	The set de		
	City	, Florida 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	1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
···			Add Remove
			AddRemove
		ALL ARP	GAdd TRemov
			Pop Add Data Remove
D. If a	mending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	v.)
	MGMR Joe Florea ADDRESS CH	ANGE TO	
	1480 SW 3rd St, Suite C3, Pompano	o Beach, FL 33069	
	MGR Michael Wattner ADDRESS (CHANGE TO	
	1480 SW 3rd St, Suite C3, Pompano	o Beach, FL 33069	
Dated _	July 6 ,,	009	
	and the		
	Signature of a member	r or authorized representative of a member	
	Турес	Joe Florea I or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00