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| (Requestor's Name)                      |                        |  |  |  |
|-----------------------------------------|------------------------|--|--|--|
| (Address)                               |                        |  |  |  |
| (Ad                                     | ddress)                |  |  |  |
| (Cit                                    | h/State/7in/Phone #A   |  |  |  |
| (City/State/Zip/Phone #)                |                        |  |  |  |
| PICK-UP                                 | WAIT MAIL              |  |  |  |
| (Bu                                     | isiness Entity Name)   |  |  |  |
| (Do                                     | ocument Number)        |  |  |  |
| (Document Number)                       |                        |  |  |  |
| Certified Copies                        | Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |                        |  |  |  |
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SECRETARY OF STATE
ALL AHASSEE, FLORIC

## **COVER LETTER**

| Division of C              | orporations                                |                                                                   |                                                                                                   |                |
|----------------------------|--------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------|
| SUBJECT: MIELE             | E OF CORAL GABLE                           | ES, LLC                                                           |                                                                                                   |                |
|                            | (Name of L                                 | Limited Liability Company)                                        |                                                                                                   |                |
|                            | •                                          |                                                                   |                                                                                                   |                |
| The enclosed Articles      | of Amendment and fee(s) are so             | ubmitted for filing.                                              |                                                                                                   |                |
| Please return all corres   | pondence concerning this matte             | er to the following:                                              |                                                                                                   |                |
|                            | Post-F                                     | Formation Filings                                                 |                                                                                                   |                |
| _                          |                                            | (Name of Person)                                                  |                                                                                                   |                |
|                            | MyCorporation                              |                                                                   |                                                                                                   | 07   75        |
| (Firm/Company)             |                                            |                                                                   | AH.                                                                                               |                |
| 26520 Agoura Road          |                                            | i <del>n</del> ∹:                                                 | 6                                                                                                 |                |
|                            | ,                                          | (Address)                                                         |                                                                                                   | 2 1            |
| _                          | Calat                                      | oasas, CA 91302                                                   | TATE                                                                                              | <del>.</del> C |
|                            | (City                                      | y/State and Zip Code)                                             | ×                                                                                                 |                |
| For further information    | n concerning this matter, please           | call:                                                             |                                                                                                   |                |
| Post For                   | mations                                    | at ( 818 ) 879-                                                   | 9079                                                                                              |                |
|                            | (Name of Person)                           | (Area Code & Daytim                                               | ne Telephone Number)                                                                              |                |
| Enclosed is a check for th | e following amount:                        |                                                                   |                                                                                                   |                |
| \$25.00 Filing Fee         | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |                |
|                            |                                            |                                                                   |                                                                                                   |                |

TO:

Registration Section

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

## MIELE OF CORAL GABLES, LLC (Present Name) (A Florida Limited Liability Company) 06/07/2007 The Articles of Organization were filed on \_document number \_L0700060146 FIRST: and assigned **SECOND:** This amendment is submitted to amend the following: Article I of the Articles of Organization is hereby amended to read as follows: ARTICLE I - Name: The name of the Limited Liability Company is Scalatore of Coral Gables, LLC Signature of a member or authorized representative of a member Alexandre Berger, Member

Filing Fee: \$25.00

Typed or printed name of signee