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SECRETARY OF STATE OF CORPORATION

JUN 14 20 11

COVER LETTER

	n of Corpor					
SUBJECT:		MAJESTI	C CAPITAL LLC			
		Name of Limi	ted Liability Company			
The enclosed Art	ticles of Am	endment and fee(s) are sub	omitted for filing.			
Please return all	corresponde	nce concerning this matter	to the following:			
	_					
			Name of Person			
	MAJESTIC CAPITAL LLC					
	Firm/Company					
	P.O. BOX 825261					
	_		Address			
		SOU	TH FLORIDA, FL 33082			
	_		City/State and Zip Code			
		DI	JARD17@AOL.COM o be used for future annual report notif			
D 0 1 1 1				ication)		
For further inforr	nation conce	erning this matter, please c	all:			
) A BALTAR	at (305)	962-4582		
Name of Person		Area Code & Daytim	e Telephone Number			
Enclosed is a che	ck for the fo	ollowing 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. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registration	ADDRESS: n Section Corporations	STREET/COURI Registration Section Division of Corpor	n		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION OF 11 JUN 13 PM-2: 28

MAJESTIC C	APITAL LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	irs on our records.)	· · · · · · · · · · · · · · · · · · ·		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	07/03/2007	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:	1000 5th Str	eet, Suite 200			
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>enter tl</u>	ne name of the new		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:					
	Enter Florida street address				
	C:-	, 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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
	-		Add Remove
D. If amend	ling any other information, enter ch	range(s) here: (Attach additional sheets, if necessary.)	SECRE JIVISION
			ISION OF CORPORATION
 Dated	June 09 ,	2011	PH 2: 28
	Signature of a mer	mber or authorized representative of a member	
		EDUARD A BALTAR	
	Ty	/ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00