L07000074143

(Pos	uestor's Name)						
үгсер	uestors marrie)						
(Add	ress)						
(Address)							
(City	/State/Zip/Phone	; #)					
·		 -					
PICK-UP	WAIT	MAIL					
(Bus	iness Entity Nam	ne) · · · ·					
(Document Number)							
·	·						
Cartified Conies	Certificates	of Status					
Certified Copies Certificates of Status							
Special Instructions to F	iling Officer:						

Office Use Only



800158545008

07/20/09--01036--021 **55.00

99 JUL 20 PM 12: 09
SECRETARY OF STATE
TAIL CHASSEE, FLORID

S. HAWKES

JUL 2 1 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpo					
SUBJE	СТ·	TOTA	LDATA LLC			
0000		Name of Limite	Name of Limited Liability Company			
The end	closed Articles of Ar	nendment and fee(s) are subr	nitted for filing.			
Please r	return all correspond	ence concerning this matter t	to the following:			
	GERARDO COLMENARES					
			Name of Person			
			Firm/Company			
		2101	506			
		8.41	AMI,FLORIDA 33129			
		MIL	,			
	.COM					
		E-mail address: (to	be used for future annual rep	ort notification)		
For furt	her information con	cerning this matter, please ca	ill:			
	CARLOS J	AVIER ZEPEDA	at (_305)	3211075		
Name of Person		Area Code &	Daytime Telephone Number			
	ed is a check for the	following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registrati Division P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Registration Division of Clifton Bui	Corporations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13

	T			
(Name of the Limite				
The Articles of Organization for this Limited I	and assigned			
Florida document number L0700007	4143			6
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		2101 BRICKELL AVE #3506		ś
(Principal office address MUST BE A STRE		MIAMI, FL 33	129 E S	8
			AZ	
Enter new mailing address, if applicable:			ARY	20
(Mailing address MAY BE A POST OFFICE		70		
	· 		OR REA	P C
			D '	ω.
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter tl</u>	ne name of the ne
Name of New Registered Agent:	GERARDO	COLMENARES	3	
New Registered Office Address:	2101 BRIC	KELL AV. #3506	3	
**************************************	Enter Florida street address			
	·	MIAMI	, Florida	33129
		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 = Managing Member **Title Name** Address **Type of Action JOSE MARTINEZ** 2101 BRICKELL AV 📝 Add #3506 Remove PRESIDENT MIAMI, FLORIDA 33129 GERARDO COLMENARES 2101 BRICKELL AVE ✓ Add Remove #3506 VICE PRESIDENT MIAMI, FLORIDA 33129. ALEXIS MONTILLA 2101 BRICKELL AVE Remove & #3506 TREASURER **MIAMLELORIDA 33129** ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Dated Signature of a member or authorized representative of a member

Page 2 of 2

GERALDO

Filing Fee: \$25.00

Typed or printed name of signee