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SECRETARY OF STATE

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COVER LETTER

	(Name of Li	mited Liability Company)	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	Julie Dubernard		
		(Name of Person)	
		(Firm/Company)	
	8941 NE 10th AVI		
		(Address)	
	Miami FL-33138	-	
	((City/State and Zip Code)	
	n concerning this matter, please		2007 DEC 17 AM 11: 1 SECKETANY OF STATE TALLAHAS SEE, FLORII Lee Telephone
Julie Duberna		at (305) 301 1269	- S A - 7
(Narr	e of Person)	(Area Code & Daytim	ne Telephone Number
Enclosed is a check for th	ne following amount:		ORIDO TATE
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Solution Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)



TO:

Registration Section Division of Corporations

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

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(Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on document number L07000100001 and assigned		
SECOND:	This amendment is submitted to amend the following:		
	Article II: The Street address of the principal office of the Limited Liability Company is: 3197-3199 Commodore Plaza, Coconut Grove FL. US 33133		
	the mailing address of the Limited Liability Company is: 3197-3199 Commodore Plaza, Coconut Grove FL. US 33133		
	Article IV; the name and the Florida street address of the registered agent is: BOUZIT Zouhir, 3197-3199 Commodore Plaza, Coconut Grove FL. US 33133		
	Article V: The name and address of the managing members/managers are:	2007	
	Title: MGRM, BOUZIT Zouhir, 3197-3199 Commodore Plaza, Coconut Grove FL. US 33133	2007 DEC 17	
	ASSET ASSET		
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Dated	2/8/07		7
	Signature of a member or authorized representative of a member		
	Typed or printed name of signee		

Filing Fee: \$25.00