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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

**L. SELLERS**

OCT -2 2009

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**EXAMINER**

RECEIVED

09 OCT -1 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED AMND/RESTATE/CORRECT OR M/MG RESIGN**

**ANFA PROPERTIES, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT -1 AM 8:50

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H09000211841

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ANFA PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 30, 2007 and assigned  
Florida document number H07000367700

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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:

Page 1 of 2

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 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

H09000211841

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   |
|-------|-------------------------|---|--|
| MGR   | Angela S. de Mazzarella | 1000 Brickell Avenue<br>Suite 215<br>Miami, Florida 33131 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| P     | Fabio Mazzarella        | 15500 46th Lane South<br>Wellington, FL 33414             | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                         |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                         |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                         |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                         |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated September 23, 2009

X

*[Signature]*  
Signed as a member or authorized representative of a member

FABIO MAZZARELLA

Typed or printed name of signer

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TALLAHASSEE FLORIDA

H09000211841

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ANFA PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 30, 2007 and assigned  
Florida document number ~~H07000267750~~

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

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TALLAHASSEE FLORIDA

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|       |                         |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|       |                         |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated September 23, 2009

X    
 Signature of a member or authorized representative of a member

FABIO MAZZARELLA  
 Typed or printed name of signer

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