L07000114050

(R	equestor's Name)	
(A	ddress)	<u></u>
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(C	ity/State/Zip/Phon	e #)
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SECRETARY OF STATE

THAMPTON III. II. III.

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

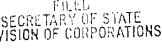
Division of Corporations				
SUBJECT:	CONSTR	UPAGES, L.L.C.		
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Franco Biocchi		
		Name of Person		
CONSTRUPAGES, L.L.C.				
		Firm/Company		
	8290 N.W. 66 Street			
		Address		
		Miami, FL 33166 City/State and Zip Code		
٠		•		
	E-mail address: (pardelinc@aol.com to be used for future annual report n	otification)	
For further information	concerning this matter, please of	eall:		
Fr	anco Biocchi	at (305)	592 9264	
Name of Person		Area Code & Day	time Telephone Number	
:				
Enclosed is a check for	the following amount:			
 ▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Seed) \$60.00 Filing Fee, { Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis	LING ADDRESS: tration Section on of Corporations	STREET/COU Registration Se Division of Co		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF CORPORATIONS



11 JUL 15 PH 12: 31

OF

CONSTRUPAGES, L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L07000114050 Florida document number 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: 8290 N.W. 66 Street Miami, FL 33166 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 8290 N.W. 66 Street Miami, FL 33166 (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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Casini, Gonzalo D	1110 Brickell Avenue, Suite 800 Miami, FL 33131	Add Remove
MGR	Cabrera, Maria V	8290 N.W. 66 Street Miami, FL 33166	✓ Add Remove
			Add Remove
D. If amer	nding any other information, enter c	change(s) here: (Attach additional sheets, if necessar)	<i>).</i>) ,
 			SECRETARY OF STATE JIVISION OF CORPORATION 11 JUL 15 PH 12: 3
Dated	July 11 ,	2011.	- ONS
	Signature of a mo	ember or authorized representative of a member	
	7	Franco Biocchi Typed or printed name of signee	

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Filing Fee: \$25.00