

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H08000128590 3)))



H080001285903ABCO

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

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

## From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

RECEIVED

08 MAY 13 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 13 AM 9:40

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## WATERFRONT MARKETING, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

SA Thomas MAY 14 2008

((H08000128590)))

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

WATERFRONT MARKETING, 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 NOV. 19, 2007 and assigned  
Florida document number 107000116378.

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:

8415 SW 107 AVE STE: 178-W

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33173

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:

JOSE E. ARCAV

New Registered Office Address:

8415 SW 107 AVE STE: 178-W

(Enter Florida street address)

MIAMI

Florida 33173

(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 607, 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

FILED  
08 MAY 13 AM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H08000128590)))

If amending the Managers or Managing Members on our records, enter the title, name, address, and date of birth of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

| Title | Name          | Address                                       | Type of Action                                                             |
|-------|---------------|-----------------------------------------------|----------------------------------------------------------------------------|
| MGRM  | IRMA BOLAÑOS  | 11821 SW 104 CT.<br>MIAMI, FL 33176           | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM  | JOSE E. ARCAÏ | 8415 SW 107 AVE STE: 178-W<br>MIAMI, FL 33173 | <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            |
|       |               |                                               | <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 MAY 13, 2008

(X)

Signature of a member or authorized representative of a member

JOSE E. ARCAÏ

Typed or printed name of signer

Page 2 of 2

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 13 AM 9:40

FILED