L07000124311

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SECRETARY OF STATE
ANASSEE: FLORID

J. BRYAN

AUG - 2 2011

EXAMINER

COVER LETTER

TO: Registration So Division of Cor			
subject: <u>A(Ch)</u>	PEXTUIC LLC Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	Po = -0
	Crain Calcate	Name of Person	
	Crain Calcate Architexture	Firm/Company	Et of A Ti
	1008 Guava	T3K Address	
	Ft. Lauderdale	FL 33315 City/State and Zip Code	
	Gaia @ Myarch	o be used for future annual report notification	ion)
For further information	concerning this matter, please e	all:	
Gaia Calca	Person	at (<u>954) 907, 8000</u> Area Code & Daylime To	olephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)				
the Articles of Organization for this Limited Liability Company were filed on 12/14/2007 and assigned orida document number L07000124311.						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lia	bility company here:					
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the	designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)		ASS TO TO				
Enter new mailing address, if applicable:		B-1 PR				
(Mailing address MAY BE A POST OFFICE BOX)		FISHER THE				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		ords, enter the name of the new				
New Registered Office Address:	Enter Flor	rida street uddress				
	, Florida					
	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 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
MGB_	Filippo Calcaterra	1008 (Augua 15)t F1. Landerdale, FL 33513	Add Remove
			Add Remove
			Add Remove
			Addition of the second of the
			AT Add Themse
			FAdd Remove
D. If amendi	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	ry.)
	2 7 1		
Dated <u>28</u>	Janature of a member	er or authorized representative of a member	
	GAIA CAL		·

Page 2 of 2

Filing Fee: \$25.00