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SECRETARY OF STATE
FAIL AHASSEE, FLORIE

J. BRYAN

JUL 1 2 2011

EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT:	Mia	miams, LLC		
	Name of Lin	nited Liability Company		
	of Amendment and fee(s) are su	•		
Please return all corres	pondence concerning this matte	er to the following:		
	s	tewart M. Mirmelli, Esq.		
		Name of Person	_	
	The	e Mirmelli Law Firm, P.A.		
		Firm/Company		۳ _ ـ
100 !		SE 2nd Street, Suite 2610	7	
		Address		題と
		Miami, FL 33131		SEE T
		City/State and Zip Code		TILLU PH 3: 29 M JUL 11 PH 3: 29 SECRETARY OF STATE SECRETARY OF STATE
	E-mail address:	(to be used for future annual report notif	ication)	93 2
For further information	concerning this matter, please	call:		5 M
Stewa	rt M. Mirmelli, Esq.	at (786)	837-6936	
Name	of Person	Area Code & Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is e	
MAI	LING ADDRESS:	STREET/COUR)	ER ADDRESS:	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMIAI	MS, LLC					
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number	were filed onJanuary 2, 200	08 and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and end with the words "Lim	ind Yinkilin Commun. Walandari main	WITOD as Alexandrenical				
"L.L.C."	ned Lizounty Company, the designation	1 LLC or the appreviation				
Enter new principal offices address, if applicable:	16699 Collins Avenue	Es =				
(Principal office address MUST BE A STREET ADDRESS)	Unit 4305	LCR L T				
	Sunny Isles, FL 33160	## - F				
		SSE P F				
Enter new mailing address, if applicable:	16699 Collins Avenue	लिल न				
(Mailing address MAY BE A POST OFFICE BOX)	Unit 4305					
	Sunny Isles, FL 33160					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our records, <u>ente</u> <u>e</u> :	r the name of the new				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	, 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 Changing Registered Agent, Signature of New Registered Agent

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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	T JUL I
_			RY OF ST
_			2 6
Dated	June 30,	2011	
	Signature of a mer	mber or authorized representative of a member	
	ту	Philippe Amsellem yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00