

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Phone

: (561)694-1639 Fax Number

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AREAS USA MIA. LLC

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J. BRYAN

OCT 22 2009

EXAMINER

10/21/2009 14:36

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AREAS USA MIA LLC

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PAGE FILM 8: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appear	rs on our records.)
(A Florida Limited Liability Company)	
The Artista of Committee for the Thirty II to be the Committee for the	04/44/2000
The Articles of Organization for this Limited Liability Company were filed on	01/11/2008

and assigned L08000003720 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: (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 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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MGR = Manager

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;

MGRM =	Managing Member		,
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	MARK TAITT	5301 BLUE LAGOON DRU SUITE 690 MIAMI EL 33126	VE Add
			— »
			
			☐ Add ☐ Remove
D. If amen	iding any other information,	enter change(s) here: (Attach additional sheets,	O9 OCT 21 AM DECRETARY OF
Dated	October 21		8:27 STATE LORIDA
	Signatur	of a member or authorized representative of a memb	oer
	CEO, XAVIE	RABELL, by Diana Urrego as ATTY-IN	J- FACT
		Typed or printed name of signee	

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