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SECRETARY OF STAIL DIVISION OF CORPURATION

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G. MCLEOD

MAR - 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corp.			
SUBJECT: AIB SER	VICES LLC		
	(Name of Limit	ed Liability Company)	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Arnold M. Preston		
		(Name of Person)	
	Law Office of Arnold M. P	reston	
		(Firm/Company)	
	13499 BISCAYNE BOULE	EVARD TOWER SUITE 4	
		(Address)	
	NORTH MIAMI, FL 33181		
		(City/State and Zip Code)	
For further information co	ncerning this matter, please ca	dl:	
Arnold M. Preston	at (305) 919-9727		
(Name of	Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e following amount:		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

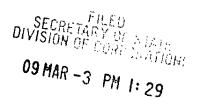
MAILING ADDRESS:

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



AIB SERVICES LLC	d Liability Compa	ny as it now annears o	n our records	
(Name of the Elimite	A Florida Limited I	ny as it now appears of Liability Company)	n our records.	
The Articles of Organization for this Limited I	Liability Company	were filed on Februa	ary 01, 2008 and assigned	
Florida document number L08000011692	·			
This amendment is submitted to amend the fol	llowing:			
4. If amending name, enter the new name	of the limited liab	sility company here:		
N/A				
The new name must be distinguishable and end w L.L.C."	ith the words "Lim	ited Liability Company	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		N/A		
Principal office address MUST BE A STREET ADDRESS)		N/A		
		N/A		
Enter new mailing address, if applicable:	•	N/A		
Muiling address MAY BE A POST OFFICE BOX		N/A		
		N/A		
B. If amending the registered agent and registered agent and/or the new registered of	/or registered of office address her	fice address on our <u>e</u> :	records, enter the name of the new	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		(Ènte	· Florida street address)	
	N/A		, Florida	
		(Citv)	(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.

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>Address</u> **Title** <u>Name</u> Type of Action MGR Luis Espinoza 231 Costanera Rd Add Coral Gables, FL 33143 Remove Rene M. Cambert MGR 15521 NW 83 Ave Miami Lakes FL 33016 m ✓ Remove 🗂 Add Remove ☐ Add Remove r□ Add 🗂 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 07/09/2008 Signature of a member or authorized representative of a member JESS THINKS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00