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(Re	equestor's Name)			
(Ad	ldress)			
(Ad	Idress)			
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D. BRUCE
AUG 2 5 2008
EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: ALT	AMIRA IMPORT (Name of Limite	T EXPORT LLC ed Liability Company)			
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspondent	ondence concerning this matter to	the following:			
	KARINA	A COSTA (Name of Person)	'		
		(Pirm/Company)	ORT LLC		
	2409 1	N. ROOSEVELT BY (Address)	VD ·		
	KEY WES	T, FL. 33040 (City/State and Zip Code)		TALI SE	
	((City/State and Zip Code)		08 AUS 22 SECNLIANSS	
For further information	concerning this matter, please cal	l:		23	Commission of the Commission o
KARINA (Name	A COSTA	at (305) 295 89 (Area Code & Daytime T	300	PM 1: 10	
(Name	of Person)	(Area Code & Daytime T	elephone Number)	NTF.	Xano.
Enclosed is a check for	the 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 Certificate o Certified Co (additional c	f Status &	I)

MAILING ADDRESS: Registration Section Division of Corporations

TO:

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

ALTAMIRA IMPORT		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 0岁00012억 19</u> .		and assigned ALLAH
This amendment is submitted to amend the following:		22
A. If amending name, enter the new name of the limited liab	oility company here:	T 2 17
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designati	on "ILC" or the abbreviation
Enter new principal offices address, if applicable:	2409 N. ROOSEVE	LT BLVD.
(Principal office address MUST BE A STREET ADDRESS)	SUITE 4	
	KEY WEST, FL. 33	3040
Enter new mailing address, if applicable:	P.O. BOX 538	2
(Mailing address MAY BE A POST OFFICE BOX)	PO BOX 538 KEY WEST FL S	33045
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		ter the name of the new
New Registered Office Address:	/D . El .!	
	(Enter Florida stree	ei aaaress)
	, Florid	
	(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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	OTTO N. FERNANDEZ	1205 FIRST ST. KEY WEST, F1. 33040	Add Remove
<u>MGRM</u>	KARINA ACOSTA	1205 FIRST ST. Kry WEST, FI. 33040	Add Remove
MGRM	KARINA ACOSTA	2409 N. ROOSEVELT BLVD. SUITE 4 KEY WOT, FL. 33040	Add Remove
<u>M6R</u>	KARINA ACOSTA	1205 FIRST ST. Keny WEST, FU 33040	Add Remove
MGR	KARINA ALOSTA	2409 N. ROSEVELT BUD. KKY WOT, FL 33040	Add Remove
	·		Add Remove
D. If ame	ending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)
_	KARINA ALOSTA STEMS	same only change address	9. 08
-	Kemore MGRM OTTO 1	J. FERNANDER D	E T
-	KARINA ACOSTA STAYS	AS MORM, MOR.	22
Dated 0	08/20/0X	RADA ADA	
	Karna Ars	or authorized representative of a member	
	KARINA ALOSTA.	·	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00