W8000016856

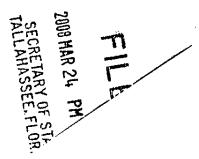
(Requestor's Name)				
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201-101-1-17-11Dt				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Las 3 Le	etras LLC			
SUBJECT:	(Name of Lim	nited Liability Company)		
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
	ondence concerning this matter			
	Alejandra Lamas			
		(Name of Person)		
	Las 3 Letras LLC			
		(Firm/Company)		
	10 NW 42 Avenue S	······································		
		(Address)		
	Miami, Florida 33			
		(City/State and Zip Code)		
For further information	concerning this matter, please o	call:	j.	
Alejandra Lamas	· · · · · · · · · · · · · · · · · · ·	at (305) 529-9417		_
(Name	of Person)	(Area Code & Daytime	Telephone Number)	
Enclosed is a check for	the following amount:		TALL	2008
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate 653 Certified Cfd (additional con	Tantus &
* * ;	95%		LORIC	
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIEF Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	, 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Las 3 Letras LLC	Liability Company as it now	v appears on our meaning)		
(Name of the Limited (A	Florida Limited Liability Con	npany)		
The Articles of Organization for this Limited Li	ability Company were filed	on February 15, 2008 and assigned		
Florida document number <u>L08000016856</u>				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability compa	any here:		
The new name must be distinguishable and and wit	h the words "Limited Liability	y Company," the designation "LLC" or the abbreviation		
"L.L.C."	n the words Emitted Emothly	y Company, and designation BBC of the designation		
B. If amending the registered agent and/or the new registered of		ess on our records, enter the name of the new		
registered agent and/or the new registered of	nee dadress nere.			
Name of New Registered Agent:				
New Registered Office Address:	10 NW 42 Avenue Suite 700			
	(Enter Florida street address)			
	Miami	, Florida 33126		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing R	Registered Agent:			
		200 7ALI		
I hereby accept the appointment as registered	d agent and agree to act in	n this capacity. I further agree to comply with		
		rmance of my duties, and I am familiar with and or in Chapter 608, F.S. Or, Phis documenties.		
being filed to merely reflect a change in the r	registered office address, l	I hereby confirm that the lin Red liability		
company has been notified in writing of this	change.	FLOST IN CO.		
	(If Changing Pagis	tered Agent, Signature of New Registered Agent)		
	(11 Changing Acgis)	reien izent nicitate at treu traction expent,		

• 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 Type of Action Title <u>Name</u> **Address** Add Remove Add Remove Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Mailing address to 10 NW 42 Avenue Miami, Florida 33126 Dated 03/19/2008 Signature of a member or authorized representative of a member

Typed or printed name of signee

Alejandra Lamas

Page 2 of 2

Filing Fee: \$25.00