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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	į
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SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS
JUL 2 9 2008
EXAMINER

# **COVER LETTER**

TO: Registration S Division of Co	Section Orporations		
SUBJECT: 1NS	Name of Limit	ded Liability Company)	<del></del>
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	oondence concerning this matter t	o the following:	
	ANDY A	(Name of Person)	
	INSITE	(Name of Person)  TEUCOM  (Firm/Company)	08 JUL 28 AV
	8805 N	OW 35 CANE (Address)	AHO: 29
·	MiAMi	FL. 33172 (City/State and Zip Code)	
For further information	concerning this matter, please ca	11:	
ANDY	ASEU e of Person)	at (305) 2 4 4 9 2 (Area Code & Daytime T	Celephone Number)
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 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

INJITE TE	ECOPI C.C.C.			
(Name of the Limited	Liability Company as it now appears on Florida Limited Liability Company)	our records.)	<del></del>	
(Λ	riorda Emmed Endontry Company)	i		
The Articles of Organization for this Limited Lia	ability Company were filed on 2 [7	9008	and assigned	
Florida document number <u>LO80000</u>	71979			
Florida document number	<u>-1     C</u>			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
	•			
The new name must be distinguishable and end with	n the words "Limited Liability Company,"	the designation "I	LC" or the abbreviation	
"L.L.C."				Y**1
			28	
B. If amending the registered agent and/o	0	records, enter t	he name of the new NO: 29	Ċ
registered agent and/or the new registered off	tice address here:		THE STATE OF	
			9H 2	
Name of Name Desirement Assess	RAMIRO ANDRES	ABREL		
Name of New Registered Agent:		130000		
New Registered Office Address:	8805 NW 35 CA	Me		
(Enter Florida street address)				
	Miami	, Florida	33172	
	(Ciţv)		(Zip Code)	

## New Registered Agent's Signature, if changing Registered Agent:

MISITE

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> </u>	Address	Type of Action
ρ	RAMIRO A	NDRES ABREC	) 28 WU 2088 ( Min. fc. 13. min	Add Remove
VP	Meina A	Breu -	8805 NW 35 L MA, FL. 37172	ANG SAdd Remove
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				Add Remove
				D8 JUL 28 AH 10: 29  Add TREMOVE TATE  Add TREMOVE TATE  Add TREMOVE TATE  ADD TO THE TATE
D. If am	ending any other inform	ation, enter change(s)	here: (Attach additional sheets, if no	Premove 15.
Dated	7/24/0e . s	= = = = = = = = = = = = = = = = = = = =	uthorized representative of a member	
		PAMIO AND Typed or pi	rinted name of signee	

Page 2 of 2

Filing Fee: \$25.00