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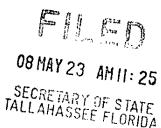
OB HAY 23 AN II: 25
SECRETANY OF STATE
TALLAHASSEE FLORIDA

: COVER LETTER

TO:

TO:	Registration S Division of Co				
SUBJI	ест:	Arana	Enterpi		
			(Name of Lim	ited Liability Company)	
The en	closed Articles o	f Amendment an	d fee(s) are sub	omitted for filing.	
Please	return all corresp	oondence concern	ning this matter	to the following:	,
			Bradley	J. Gross	
				(Name of Person)	
			Becker a	& Poliakoff, P.A.	
				(Firm/Company)	
			3111 St:	irling Road	
				(Address)	
]	Ft. Laud	erdale; FL 33312	
				(City/State and Zip Code)	
For fu	rther information	concerning this	matter, please c	all:	
B :	radley J.	Gross		at (954 364-604	4
	(Nam	e of Person)		at (954 364-604 (Area Code & Daytin	ne Telephone Number)
Enclos	sed is a check for	the following an	nount:		
\$2:	5.00 Filing Fee	□\$30.00 Fil Certific	ling Fee & ate 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)
Į	Regis Divis P.O.	LING ADDRES stration Section tion of Corporation Box 6327 hassee, FL 32314	ons	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	T.T.O.		- L COKIDA
, Arana Enterpises			
(<u>Name of the Limited Liabli</u> (A Florid	a Limited Liability Company)	ars on our records.)	
	, , ,		
The Articles of Organization for this Limited Liability	Company were filed on	3/11/08	and assigned
Florida document numberL08000025499			
florida document number	·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company he	ere:	
Arana Enterprises, LLC	•		
The new name must be distinguishable and end with the w'L.L.C."	vords "Limited Liability Comp	pany," the designation	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	···		
Muning universe MAT BE A TOST OF FICE BOA			
	Carrie 110		
B. If amending the registered agent and/or reg	ristered office address on	our records, enter	the name of the nev
registered agent and/or the new registered office ac		<u> </u>	
Name of New Registered Agent:			
Traine of from Registered Figure.	, , , , , , , , , , , , , , , , , , ,		
New Registered Office Address:		Enter Classide etc.	ddwara)
		Enter Florida street a	uuress)
		, Florida _	····
	(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>	Address	Type of Action		
			Add Remove		
A			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amendin	ng any other information, enter change((s) here: (Attach additional sheets, if necessary.)	OB MAY 23 AN 11: 25 SECRETARY OF STATE SECRETARY OF STATE		
Dated	Berl		25 PUDA		
-	Brancey	T. Ozos Asking Persent r printed name of signee	ative		

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Page 2 of 2

Filing Fee: \$25.00