L08000028742

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
·	·			
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:	• "		
•	U "			

Office Use Only



000126137820

04/28/08--01010--004 **25.00

08 APR 28 PM 3: 49

FILED SECRETARY OF STAIR VISION OF CORPORATIONS

T. HAMPTON
APR 2 9 2008
EXAMINER

COVER LETTER •

Division of Corporations				
SUBJECT: MAD COL, LLC (Name of Limited Liability Company)				
(Name of Limited Liability Company)				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Lisette Pie Salazar, P.A. Lisette Pie Salazar, Esq. (Firm/Company)				
(Name of Person)				
Lisette lie Salazar, Esq.				
(Firm/Company)				
200 Crandon Blud. Suite 311				
Ley Biscarne FC 33149 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
CISPHE Salazar at 305) 361-6161 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$30.00 Filing Fee & \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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

SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

(Zip Code)

MADCOL L.L.C.	7A.F. RATIO: 3: 5 0
(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 3/19/0 Florida document number <u>6080000874</u> 2	8 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the design "L.L.C."	nation "LLC" or the abbreviation
B. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here:	enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: (Enter Florida si	reet address)

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Jorge Louiza Tabares	1900 North Bayshore Drive Mami, FL 33132	Add Remove
MbL	Joaquin Bondera Gonzalez	1900 North Bayshore Drive Mami, FC 33132	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
Dated	April 25, 200	<u>&</u>	SECRETARY OF STATE BIVISION OF CORPORATIONS OB APR 28 PM 3: 50
		attolex	
	Signature of a member of	or authorized representative of a member	
	Typed o	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00