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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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J. BRYAN

NOV -4 2008

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJECT:		MIAMI	APARTN	NENT F	-INDERS,	uc		
SUBJE				ited Liability C	Company)			
The end	losed Ar	ticles of Amendmer	nt and fee(s) are sub	omitted for filin	ng.			
Please r	eturn all	correspondence cor	ncerning this matter	to the following	ng:			
			406	ATHA(Name of )	LEE			
		<del></del>		(Name of	Person)	, , , , , , , , , , , , , , , , , , , ,		
			1 1Ma) N	(Firm/Cor	T FINDETZ	Suc		
		<u> </u>	000 STH	(Addre	ET SUITE	700	ON 80 Stock	
			MIAMI	BLAC	H, FL 3	53139	95	
		<del></del>		(City/State and	Zip Code)		7 300	
For furt	her infor	mation concerning	this matter, please c	all:			OB NOV -3 PH 3: 27	
		(Name of Person)		at (	) (Area Code & Daytime	Telephone Number)		
Enclose	d is a che	eck for the followin	g amount:					
\$25.	00 Filing	Fee □\$30.0 Cer	0 Filing Fee & tificate of Status	Certifie	iling Fee & ed Copy onal copy is enclosed)	Certified C	of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MIAMI APARETMEN	+ FINORES, LLC
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Of Florida document number LO80000 4454	Company were filed on 5-5-08 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
	rds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD)	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> lress here:
Name of New Registered Agent:	
New Registered Office Address:	(Futou Florida duran adduran)
	(Enter Florida street address)
	, Florida

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 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
NGPN	JONATHA LEE	MIAMI BEACH FL. 33139	_ <b>sd</b> Add _□ Remove
			_ Add _ Remove
			_ Add _ Remove
			_
			_
			_
D. If amendir	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	
  Dated	10-30, 200		SECRETARY OF STATE STRISTON OF CORPORATIONS
_	Signature of a member of	prauthorized representative of a member	,
_	JONATHA Typed o	r printed name of signee	
	1 y pou 0	- Lanna - manage at a Done	

Page 2 of 2

Filing Fee: \$25.00