L08000053124

(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:			
,			

Office Use Only



500133523775

07/31/08--01009--003 **25.00

SECRETARY OF STATE DEVISION OF CORPORATIONS

J. BRYAN

AUG -1 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor	ection. rporations			
SUBJECT: JAVIS-	1, LLC			
	(Name of Lim	ited Liability Company)		
	Amendment and fee(s) are sub ondence concerning this matter			
	Daniel Novela			
		(Name of Person)		
	Novela & Associates	t	OB JUL 31 PM 12: 29	
		(Firm/Company)		
1390 Brickell Avenue, Suite 200				
		(Address)	5. 25	
	Miami, Florida 33131			
		(City/State and Zip Code)		
For further information c	concerning this matter, please c	all:		
Daniel Novela		at (305) 371-6711		
(Name	of Person)	(Area Code & Daytime T	Celephone Number)	
Enclosed is a check for the \$25.00 Filing Fee	he following amount:	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,	
323.00 Thing 1 cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	ING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JAVIS-1, LLC	on topological top
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our r Limited Liability Company)	and assigned
The Articles of Organization for this Limited Liability (Company were filed on May 29, 2008	and assigned
Florida document number L08000053124		
This amendment is submitted to amend the following:	X	
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the d	esignation "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 regis	stered office address on our reco	rds, enter the name of the nev
registered agent and/or the new registered office add		
Name of New Registered Agent:		
New Registered Office Address:	(Futer Flori	da street address)
	·	,
	(City)	Florida(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> **Address** Type of Action <u>Name</u> MGR Carlos Visbal 1834 Brickell Avenue, Apt. 33 ■ 7 Add Remove Miami, Florida 33129 Jose Choi MGR 834 Brickell Avenue, Apt. 33 **⊞** Ø Add Remove Miami, Florida 33129 VΡ Rafael Visbal 834 Brickell Avenue, Apt. 33 Miami, Florida 33129 ☐ Add Remove 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated July 28 2008

Typed or printed name of signee

115BAL

a member MGK.

Signature of a member or authorized representative of

Page 2 of 2 Filing Fee: \$25.00