## 108000053124

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D. BRUCE

SEP 09 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT: JAVIS-		7. 11:112. C			B
	(Name of Lim	ited Liability Company)			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Daniel Novela				
		(Name of Person)			
	Novela & Associates				
		(Firm/Company)			
	1390 Brickell Avenue, Su	uite 200			
		(Address)			
	Miami, Florida 33131				
		(City/State and Zip Code)		14. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
For further information (	concerning this matter, please c	all:	<u> </u>	SEP -8	e constant
Daniel Novela		at (_305_) 371-6711	, i	<u>n</u> – (	
(Name	of Person)	(Area Code & Daytime 1	Telephone Number)	PHIZ: 2	
Enclosed is a check for t	he following amount:		Ä		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing I Certificate of Certified Cop (additional co	f Status & by	osed)

MAILING ADDRESS:

TO:

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

	-1, LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our reco d Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compar	ny were filed on May 29, 2008	and assigned
Florida document number L08000053124		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Linuth. L.L.C."	mited Liability Company," the desig	nation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		IAL S
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		INAY OF SASSEE. FI
(Mailing address MAY BE A POST OFFICE BOX)		TAF. ORIDA
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida s	treet address)
	, Flo	rida(Zip Code)
	()/	( <b>2.</b> p 0000)

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
MGR	Giovanny Visbal	1834 Brickell Avenue, Apt. 33 Miami, Florida 33129	Add Remove
			AddRemove
			Add Remove
D. If amend	ding any other information, enter chan	age(s) here: (Attach additional sheets, if neces.	SHORE STA
_			-8 PHI2: 2
Dated Augus	Bond	er or authorized representative of a member	7
	Carlos Visbal, Manage	r	
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00