

01/17/2030 06:

P.001/003

LOS 000056282

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000061306 3)))



H120000613063ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
12 MAR -7 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ELBA INTERNATIONAL SOUTHLAND LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

3/7/2012

N. Culligan

MAK - 8 2012

01/17/2030 06:19
MAR/01/2012/WEU 03:12 PM

#3883 P.002/003
P.002

H 1 2 0 0 0 0 6 1 3 0 6
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
12 MAR -7 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ELBA INTERNATIONAL SOUTHLAND LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/06/2008 and assigned
Florida document number L08000056282

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

20505 SOUTH DIXIE HIGHWAY

SUITE 1871

CUTLER BAY, FL 33189

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20505 SOUTH DIXIE HIGHWAY

SUITE 1871

CUTLER BAY, FL 33189

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LESLY V. HABER

New Registered Office Address:

20505 SOUTH DIXIE HIGHWAY, SUITE 1871

Enter Florida street address

MIAMI

City

Florida

33189

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.

Lesly V. Haber
If Changing Registered Agent, Signature of New Registered Agent

H 1 2 0 0 0 0 6 1 3 0 6

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

Title	Name	Address	Type of Action
MGRM	MARIO E. CONTRERAS	11471 NW 34TH ST DORAL, FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LESLEY V. HABER	20505 SOUTH DIXIE HIGHWAY SUITE 1871 CUTLER BAY, FL 33189	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

FILED
12 MAR -7 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated MARCH 6TH, 2012
Lesley V. Haber
Signature of a member or authorized representative of a member
Lesley V. Haber MARIO CONTRERAS
Typed or printed name of signee