From: Law Offices ny Pornprinya/Deluxe Title and Escrow, Inc. To: 1850-617-6383 ge: 1/3 Date: 7/20/2009 2:42:19 PM https://piile.sunbg.org/scripts/giilcovr.exe Page 1/3 Division of Corporations Florida Department of State

> Division of Corporations Public Access System

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.

(((H09000166308 3)))



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

o'P:

Division of Corporations

Fax Number : (850)617-6383

JUL 21 2009

From:

EXAMINER : LAW OFFICES TONY PORNPRI

Account Name

Account Number : I20010000164

Phone

: (305)893-8989

Fax Number

: (305)891-7717

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SUITE 10251, LLC

1920 - State of the Color of the 1820 - 1920 - 1920 - 1920 Certificate of Status 0 0 Certified Copy Page Count 02 Estimated Charge \$25.00

Electronic Filing Menu

a property of the second second second second second second Corporate Filing Menu

Page: 2/3

Date: 7/20/2009 2:42:19 PM

(((H090001663083)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suite 10251, LLC		•	
(Name of the Limited Liability Com	pany as it now appe d Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on _	July 2, 2008	and assigned
Florida document number <u>L08000064421</u>			-
			•
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limited lis	ability company h	<u>cre</u> :	
			· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and end with the words "Li." "L.L.C."	mited Liability Com	pany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
•			
Enter new mailing address, if applicable:			,
(Malling address MAY BE A POST OFFICE BOX)	<u>-</u>		
		·	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		our records, enter th	e name of the new
New Registered Office Address:			
1101.1051311.711.011.0101.0101.0101.0101.0101.01	Enter Florida street address		
	<u>.</u>	, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	1 £1		
I hereby accept the appointment as registered agent and up the provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic	 nplete performanc is provided for in (e of my duties, and I ar Chapter 608, F.S. Or, ij	n familiar with and this document is
company has been notified in writing of this change.	· ·		ECRE
	"	gent, Signature of New Reg	steres Agent
Раде	e 1 of 2		
(((H09000166308 3)))			

(((H090001663083)))

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

MGRM	Revocable Trust of Miguel A. Brizuela	10251 SW 72 St., #105	Add
		Miami, FL 33173	Reniove
MGRM	Miguel A. Brizuela		T¥∧dd
		Miami, FL 33155	Remove
MEMB_	Eduardo Bautista	7171 Coral Way #419	[ZKAdd
,		Miami, FT. 33155	Remove
	· -		Add Remove
			
			[]Add Remove
			_
			Add Remove
	•		
D. If an	aending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)	
			-
			-
		· · · · · · · · · · · · · · · · · · ·	
		The state of the s	
Dated	June 29,	_, 2009	
-	7/1.	lob.	
	Signature	of a member or authorized representative of a member	35 SE
		Miguel A. Brizuela	

Page 2 of 2

Filing Fee: \$25.00

(((H090001663083)))

FILED

99 JUL 20 AM II: 46

SECRETARY OF STATE
SALE AHASSEE FLORID