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(Re	questor's Name)	
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SECRETARY OF STATE
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D. BRUCE

DEC 1 2 2008

EXAMINER

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Sec Division of Corp		* • •				
SUBJECT: EIGHT	IM LLC					
SUBJECT: LIGHT C	(Name of Lim	ited Liability Company)				1
	Amendment and fee(s) are sub	-				
	MARISELA C. BARBANI	ELL				
		(Name of Person)				
		(Firm/Company)				
	19111 COLLINS AVE., #	2507				
	19111 COLLING AVE., #	(Address)			08	
	SUNNY ISLES, FL 33160				330	T
		(City/State and Zip Code)		HSS FF	_	
For further information co	oncerning this matter, please c	all:		12. 12.	32	
MARISELA BARBANEI	1	at (305) 331-8808		1980 1711	12: 2	
(Name o		(Area Code & Daytime To	elephone Number)	- 20 171	ယ်	
England in a phost for the	o following amount					
Enclosed is a check for the	•	Date 00 pm - 2	D4 60 00 mm	n		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certificate of Certified Conditional of Certified Certif	of Status &		l)
RA A TT B	NC ADDDESS.	STORET/COUDIED	A NND FCC.			
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section				
Division	n of Corporations	Division of Corporatio	ns			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EIGHT JM, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records ited Liability Company)	.)
	- UUV45 2000	
The Articles of Organization for this Limited Liability Comp	pany were filed on JULY 15, 2008	and assigned
Florida document number L08000068321		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	20 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		E B E
		SS = -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	87 2
172.000 Marie 100 172.11 20 14 1 001 01 1 1 00 2 01 1/	· · ·	10 T 2
	•	<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ter the name of the new
Name of New Registered Agent:		hu
New Registered Office Address:		
	(Enter Florida stree	et address)
	, Florid	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered As	gent:	

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>	<u>Address</u>	Type of Action
MGR	JOEL BARBANELL	19111 Collins Ave #2507 Sunny Isles, Fl 33160	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amend ————————————————————————————————————	ling any other information, enter	change(s) here: (Attach additional sheets, if neo	FILED DEC 11 PH 12: 2 ETARY OF STATI ANASSEE, FLOORD
Dated DECE	EMBER 10,	2008	&
	Signature of a m	nember or authorized representative of a member	well.
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00