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12 JUL 11 AM 11: 12
SECRETARY OF STATE
ALL AHASSEF FLORIDA

C. LEWIS

JUL 1 2 2012

EXAMINER

COVER LETTER

- 1 5 5' 2-'	328.2	Avenue LLC			
SÜBJECT:		ted 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:			
	Nicolas J. Martin-Hidalgo				
		Name of Person			
		MH One Corp.			
Firm/Company					
		Address			
	h	Miami, Florida, 33176			
		City/State and Zip Code			
	E-mail address: (nonecorp@yahoo.con to be used for future annual rep	n ort notification)		
For further information	concerning this matter, please o	all:			
Nicolas	s J. Martin-Hidalgo		282-0185		
	of Person	at (_ 786') Area Code &	Daytime Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e		Status &	
MAII	LING ADDRESS:	STREET/O	COURIER 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

FILED

12 JUL 11 AM 11: 12

28 2 Avenue LLC	SECRETARY OF STATE	
ility Company as it now appears o da Limited Liability Company)	n our redotds AHASSEE, FLORIDA	
	•	
ty Company were filed on	3/20/12 and assigned	
 *		
	•	
g:		
limited liability company here:		
words "Limited Liability Company,	" the designation "LLC" or the abbreviation	
<u></u>		
ODRESS)		
	•	
	records, enter the name of the new	
Fntor	Florida street address	
Emer 1:1011aa sireet aaaress		
Citv	, Florida Zip Code	
	da Limited Liability Company) cy Company were filed on g: limited liability company here: words "Limited Liability Company, DDRESS) gistered office address on our address here:	

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 amending the Managers or Managing Members on öur 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
MGRM	Nicolas A. Martin-Hidalgo	5900 SW 87 Ave, Miami, Fl. 33155	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.) —
			FILED
Dated			OF STATE OF STATE
	Signature of a member	er or authorized representative of a member	
		las J. Martin-Hidalgo d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00