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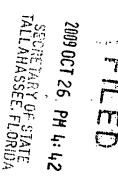
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
;				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Eiling Officer				
Special Instructions to Filing Officer:				
A. LUNT				
OCT 27 2009				
i				
EXAMINER				

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	Z Z Z V Name of Lymi	ted Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Sear	Some of Person			
		Name of Person			
	272	GEITM/Company			
	2814	N. MIAMI AUR			
	M.AM.	FL. 33127 City/State and Zip Code	····		
	E-mail address: (t	o be used for future annual report notificat	ion)		
For further information co	ncerning this matter, please c	ali:			
Sean		at (310) 927 - 120 Area Code & Daytime T	elephone Number		
		·	•		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

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

242491/	L,LÇ.		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Comparing Florida document number <u>LOBODO92043</u> .	ny were filed on September & 9,2008	and assigned	
This amendment is submitted to amend the following:	SECRET		
A. If amending name, enter the new name of the limited li	Size	26	
The new name must be distinguishable and end with the words "Li "L.L.C."	ORIC	or the abbreviation	
Enter new principal offices address, if applicable:	Contro \		
(Principal office address MUST BE A STREET ADDRESS)	2814 N. MIAMI A. MIAMI FI 33127		
Enter new mailing address, if applicable:	Control	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)	2814 N. Migmi A	I.C.	
	Miami F1 33127		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
Ni Durintary J August Cimpatons if the pains Desistand Apon	-4.		

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 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** Remove ☐ Remove ☐ Add ☐ Remove __ Add,∽ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 22 Signature of a member or authorized representative of a member Seas Gura
Typed or printed name of signee