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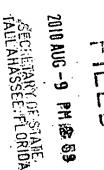
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C. LEWIS

AUG 1 0 2010

EXAMINER

Division of Corpo	rations		
SUBJECT:	ANA R BLAN	CO AMA	PLUC
3013EC1	ANA R BLAN Name of Limited Li	ability Company	
• • •			
The enclosed Articles of Ar	nendment and fee(s) are submitted	I for filing.	
Please return all correspond	ence concerning this matter to the	following:	
	DIANA BL	ANCO	·
	DIANA RBL.	ANCO, OMA	O, PLLC
	11795 SW 18.		
	Hani R	- 33175	· ·
	Hani R City machuafd R E-mail address: (to be us	State and Zip Code (State and Zip Code	em notification)
For further information con-	cerning this matter, please call:	. ••	
Diana Bl	ancr	a 305 491	1-1179
Name of Po		Area Code & Da	ytime Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filling Fee	\$30.00 Filing Fee &	S55.00 Filing Fee & Certified Copy (additional copy is encl	\$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

FILED

2010 AUG -9 PM @ 69

DIANA R. BLA	1/CO:	Qip	O P	ric:	SECLETAR	YDE STATE
(Name of the Limited Liabili (A Florida	ty Compan	y as it now a	ppears on	our records.	HEDAHWS	iEE: FLORID
				-		
The Articles of Organization for this Limited Liability		were filed or	Octo	ber 3, 2	200 8 and	assigned
Florida document number <u>LO JOCOO 93</u>	<u> </u>			·		
This amendment is submitted to amend the following:			1 -			
A. If amending name, enter the new name of the lin	nited liabi	lity compan	y here:			
		•.	• .	:	. •	· ·
The new name must be distinguishable and end with the w. "L.L.C."	ords "Limit · · ·	ed Liability (Company," (the designati	on "LLC" or th	ne abbreviation
Enter new principal offices address, if applicable:		. <u> </u>	•			<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)		4			
	•					
Enter new mailing address, if applicable:	•		<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)		, :	• •			
		-	···		<u> </u>	
B. If amending the registered agent and/or regi			on our r	ecords, <u>en</u>	ter the name	of the new
Name of New Registered Agent:	K	SLANO	0,	DIAN	AR ife le address a 3313 Zip Co	
New Registered Office Address:	1-1-li	(Acle	Leil.	e - So Iorida street	ite 20	29
<u>.</u>	COLA	16AG	3/02	, Florida	33/3	14_
New Registered Agent's Signature, if changing Register		City	. 		Zip Ci	iae

If Changing Registered Agent, Signature of New 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, Lhereby 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> Name <u>Address</u> Type of Action ☐ Add 🗍 Remove Remove Remove Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Attach TV: The new Principle Dated

Typed or printed name of signee

Signature of a member or authorized representative of a member

Blaco

Page 2 of 2

Filing Fee: \$25.00