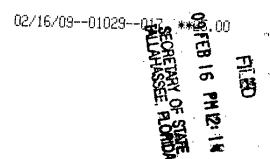
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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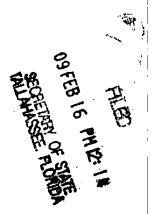


M. THOMAS
FEB 17 2009
EXAMINER

AMROAD L.L.C.

21396 Marina Cove Cir. # J-15 Aventura, Florida 33180

Registration Services
Division of Corporations
PO Box 6327
Tallahassee, FI 32314



COVER LETTER

TO: Registration Section Division of Corporation		•				
SUBJECT:AMF	ROAD, LLC					
Sobsberr		ited Liability Company)				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all corresponde	ence concerning this matter	to the following:				
	Carlos Montecalvo, Managing Member					
(Name of Person)						
	Amroad, LLC					
(Firm/Company)						
	21396 Marina Cove Circle, Unit J-15					
	(Address)					
	Aventura, Florida 33180					
	(City/State and Zip Code)					
For further information concerning this matter, please call:						
Carlos Montecalvo		at (786) 201-3965				
(Name of F	Person)	(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 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

AMROA	D, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appea	rs on our records.)	,
(A Florida Diffiled Di	company)	,	
The Articles of Organization for this Limited Liability Company	were filed on	January 5, 2009	and assigned
Florida document number L09000000628			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company be	re·	
de la companya de la	ary company ne	<u></u> .	٠٠,
The new name must be distinguishable and end with the words "Limit	ad Liability Comp	any " the decimation "I	I C" or the abbrevation
"L.L.C."	ca macinity comp	any, the designation D	
Enter new principal offices address, if applicable:			是
	-	·· · · · · · · · · · · · · · · · · · ·	1853 O
(Principal office address MUST BE A STREET ADDRESS)			Ma 3
			語
Enter new mailing address, if applicable:			· 5 *
(Mailing address MAY BE A POST OFFICE BOX)			·
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, enter t	he name of the new
registered agent and/or the new registered office address nere	•		
N 6N 5 1 1			
Name of New Registered Agent:	•		
New Registered Office Address:			
	(Enter Florida street address)		
		. Florida	
	(City)	,	(Zin Code)

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 Changing Registered Agent, Signature of New Registered Agent)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** MGRM **CARLOS MONTECALVO** 21396 Marina Cove Circle, Unit J-15 <u>∎</u> Add Aventura, Florida 33180 Remove Add Remove 🗂 Add Remove ┌ Add Remove ┌ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February 12 2009 Signature of a member or authorized representative of a member Carlos Montecalvo

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00