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EXAMINER

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2009 AUG 27 PM 2: 27

SECRETARY OF STATE

ALLAHASSEE, FLORIE

COVER LETTER

TO: Registration Section Division of Corpor		
SUBJECT: Vila	Name of Limited Liability Company	2009 AUG 27
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.	2000
		3
rlease return all corresponde	ence concerning this matter to the following:	PM 2: 27
-	MARIDA VILLEGAS Name of Person	27
	Name of Person	
_	N/A	
	Firm/Company	
	16651 Royar Poinciana Dr. Address	
_	Address	
_	Westpo FL 33326 City/State and Zip Code	
	City/State and Zip Code	
_	E-mail address: (to be used for future annual report notification)	
For further information conce	erning this matter, please call:	
	Vicuetas at Wy 533-7242 Area Code & Daytime Telephone Number	
Name of Per	rson Area Code & Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Certified Copy	s &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

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**

VIUUEGAS PROPERTIE	JOF Miani L	د ر	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our recordiability Company)	ds.)	
(Name of the Limited Liability Companication for this Limited Liability Company) Florida document number 4090000156/	were filed on <u>Jan 7, 20</u>	SE and Signed TARE TAR	
This amendment is submitted to amend the following:		SEE F	
A. If amending name, enter the new name of the limited liabi		2: 27 EARTE LORIDA	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designa	tion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	16651 Roya	AL POINCIANA DR	
(Principal office address MUST BE A STREET ADDRESS)	WESTON, F	33326	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16651 Doya Westow, Fr	BOINCIANA DR	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name of the new	
Name of New Registered Agent:	N/4		
New Registered Office Address:	M/A Enter Florida street address		
		da	
	City , Florid	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I furth	er 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

	ng Member being added or	removed from our records:	
MGR = M MGRM =	anager Managing Member	NA	
<u>Title</u>	Name	Address	Type of Action
			
			— n
			7000 ST TAL
			AHASSEE Add
			FLORID
D IS			Remove
D. IT amen	ding any other information,	enter change(s) here: (Attach additional sheets,	<u>,</u>
_	ONLY THE	ADBLESS ON SECTI	TOU "A"
Dated	AVGUST 29	<u>4, 2009</u> .	
	/ Signatur	e of a member of audiorized representative of a memb	er
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00