L09111111902

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EXAMINER



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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS





ACCOUNT NO. : I2000000195

REFERENCE :

8557.5

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : July 22, 2011

ORDER TIME : 5:07 PM

ORDER NO. : 855790-005

CUSTOMER NO: 80406A

DOMESTIC AMENDMENT FILING

NAME: 232 ENTERPRISES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23.	2 Enterprises, LLC_		
(Name of the Limited Liab (A Flor	ility Company as it now appears ida Limited Liability Company)	s on our records.)	
			L2 92
The Articles of Organization for this Limited Liabili		01/07/2009	and assigned
Florida document number L0900001902	· · · · · · · · · · · · · · · · · · ·		P 000
			43
This amendment is submitted to amend the following	g:		and assigned PH 2: 24
A. If amending name, enter the new name of the	limited liability company here	≩ :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ny," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicables	market the paper and a second and a second a se		
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:	ATTENDANCE OF THE PARTY OF THE		
(Mailing address MAY BE A POST OFFICE BOX	2	4.	
			<u> </u>
D. If amounting the applicational areast and severe	eisternal uttimes on an		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ur records, enter th	e name of the new
Name of New Registered Agent:			
New Parietonal Office Address			
New Registered Office Address:	Ente	er Florida street uddre	288
	171 (1)		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regist	ered 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

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:

Type of Action

☐ Add

✓ Remove

MGR = Manager
MGRM = Managing Member

Title Name Address

MGR Juan Carlos Vila 20451 SW 216th Street
Miami, EL 33170.

MGR_	Maria del Pilar Vila	25000 SW 197th Avenue Homestead FL 33031	Add Remove
******	With the second		Add Remove
			Add Remove
			Add Remove
			Add Remove
	g any other information, enter change(stillow 2 managers for the LLC	s) here: (Attach additional sheets, if necessary.)	
-			
Dated	$\frac{2nd}{3}$ July $\frac{201}{3}$	1	_
	Signature of a member of	authorized representative of a member	
		a del Pilar Vila	*******************************

Page 2 of 2

Filing Fee: \$25.00