Division of Corporations Public Access System

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Division of Corporations

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FROM :LAZARUS

FAX NO. :3052201440

H09000223411

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	, Florida	Zip Code	
New Registered Office Address:	Enter Florida street address			
Name of New Registered Agent:				
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on o dress here:	our records, <u>enter th</u>	<u>e name (</u>	of the new
(Mailing address MAY BE A POST OFFICE BOX)			<u>ئيا</u> نو	8
Enter new mailing address, if applicable:			(6) (6)	<u> </u>
			- 	*
12 (msspm v//rev impress //2003 DB A () 1 MBD v (1DD	<u> </u>	<u> </u>		क र्
(Principal office address MUST BE A STREET ADD	Brom		27.27 27.27	
Enter new principal offices address, if applicable:				2
The new name must be distinguishable and end with the we "I.L.C."	ords "Limited Liability Compa	any," the designation "LI	C", or the	abbreviation
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> ;		
This amendment is submitted to amend the following:				
Florida document number L0900002324	 ·			
The Articles of Organization for this Limited Liability	Company were filed on	01/08/2009	and as	signed
(Name of the Limited Liabili (A Florida	a Limited Liability Company)	as on buy recursis,		
(Name of the Limited Liabili	ty Company as it now appear	I C		

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

Page 1 of 2

MGR = Manager

FAX NO. :3052201440

H09000223411

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:

MGRM = Managing Member Type of Action <u>Address</u> <u>Title</u> Name MGR MINA CAFARO DE RIOS 9725 NW 52 ST. # 504 ✓ Add Doral, FL 33178_ 🔲 Romove Remove Remove ___ Rom**ov**e D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTIEMBRE 15 2009 Dated_ Signature of a member or authorized representative of a member

Typed or printed name of signce
Page 2 of 2

OSE VICENTE RIOS

Filing Fee: \$25.00

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