L09000008922

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J. BRYAN

FEB 1 7 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT: 8 Enter	rprise		
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Maria C. Alarcon		0
		(Name of Person)	- See Str
	8 Enterprise		聖一
	· · ·	(Firm/Company)	SSE P T
	12501 SW 119th Ct.		OS FEB 16 PH 1:29 SECRETARY OF STATE TALLAHASSEE, FLORID
		(Address)	PATE PATE
	Miami, FL 33186		▽
		(City/State and Zip Code)	
For further information	concerning this matter, please of	eall:	
Maria C. Alarcon		at (305) 969 5115	
(Name of Person)		(Area Code & Daytime To	elephone 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 Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED OF STATES

8 Enterprise

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	-		Em .
The Articles of Organization for this Limited I	Liability Company were filed or	January, 2009	and assigned
Florida document number L09000008922	,		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability (Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter	the name of the new
Name of New Registered Agent:	Maria C. Alarcon		
New Registered Office Address:	12501 SW 119th Ct.		
	-	(Enter Florida street aa	ldress)
	Miami	, Florida <u>33</u>	
	(City)		(Zip 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)

Page 1 of 2

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>Name</u> **Address** Type of Action **Title** MGR Maria C. Alarcon ■ ✓ Add 12501 SW 119th Ct. Remove Miami, FL 33186 MGRM Miguel Paneke 842 SW 12 Ct. Add Miami, FL 33135 Remove r Add Remove T Add Remove Add 🗖 Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please note that the names are the same, they have only been switched. Dated Signature of a member or authorized representative of a member

Page 2 of 2

Miguel Paneke

Filing Fee: \$25.00

Typed or printed name of signee