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(Requ	iestor's Name))			
(Addr	ess)				
(Addr	ess)	·			
(City/s	State/Zip/Phor	ue #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Docu	ment Number)			
Certified Copies	Certificate	s of Status <u> </u>			
Special Instructions to Fil	ing Officer:				

Office Use Only



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M. THOMAS

NOV 2 0 2009

EXAMINER

COVER LETTER

Division of Co				
SUBJECT:	Raul E.			
	Name of Limi	ted Liability Company		
	f Amendment and fee(s) are sub	-		
Please return all corresp	ondence concerning this matter	to the following:		
		Raul Espinoza		
		Name of Person		
Raul E. Espinoza, P.L.				
	Firm/Company			
175 SW 7th Street, Suite 1510				 _
Address				SEC
Miami, Florida 33130 City/State and Zip Code				NOV 19 PHI
				SSE 19
respinoza@repalaw.com E-mail address: (to be used for future annual report notification)				EFF.
For further information	concerning this matter, please c			PILL PH 12: 24 SECRETARY OF STATE SECRETARSSEE, FLORID
	aul Espinoza	u. (39-5410	
Name	of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional of	of Status &
	LING ADDRESS: tration Section	STREET/COURIES Registration Section	R ADDRESS:	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Raul E. Esp Liability Compa Florida Limited I	inoza, P.L. ny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Li	were filed on	02/06/2009	and a	ssigned	
Florida document numberL09000012					
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	oility company her	<u>·e</u> :		
	N/A		•		•
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Compa	nny," the designation		abbreviation
Enter new principal offices address, if applicable:		175 SW 7th Street		TAR BE	
(Principal office address MUST BE A STREET ADDRESS)		Suite 1510			
		Miami, FL 33	130	ASS.	·
				<u>m</u> -≺ =	177
Enter new mailing address, if applicable:		175 SW 7th S	Street	OF SI	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 1510		<u> </u>	ა
		Miami, FL 33130			•
B. If amending the registered agent and/or the new registered of			our records, <u>ente</u>	r the name	of the new
Name of New Registered Agent:	N/A				
New Registered Office Address:	175 SW 7th	Street, Suite 1	510		
	nddress				
		Miami	, Florida		· · · · · · · · · · · · · · · · · · ·
		City		Zip Coo	de

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 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 Title ' Name **Address Type of Action** N/A · ☐ Add Remove ☐ Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A November 16 2009 Dated_ Signature of a member of authorized representative of a member Raw Espinoza Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00