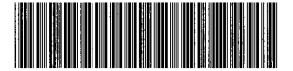
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AUG -7 PM 1: 3

COVER LETTER

то:	Registration S Division of Co					
SUBJECT: VENICE E			Y GARCO, LLC			
		Name of Limit	ed Liability Company			
		f Amendment and fec(s) are subi	-			
Please i	return all corresp	ondence concerning this matter t	o the following:			
		F	Paul H. Kupfer, Esq.			
			Name of Person			
Kupfe			er, Kupfer & Skolnick, P.A.		2009 AUG - 7 SECRETARY	
			Firm/Company		ARE AG	
Cor			niversity Drive, Suite 103		-7 ARY SSE	
			Address		PA PA	Π
			ral Springs, FL 33067		PM 1: 33 Of STATE E. FLORID,	C
			City/State and Zip Code		DA SS	
paul@lawyersflorida.com E-mail address: (to be used for future annual report n				tion)		
For fur	ther information	concerning this matter, please ca		uony		
Paul H. Kupfer Name of Person			at (<u>954</u>) 755-3 Area Code & Daytime T	600 ext 209		
	Name	or rerson	Area Code & Daytime	elephone Number		
Enclose	ed 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)	Certified (e of Status &	!)
MAILING ADDRESS: Registration Section Division of Corporations		tration Section	STREET/COURIE Registration Section Division of Corporat			

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

	E BY GARCO, LL		_
(<u>Name of the Limited Liabilit</u> (A Florida	<u>y Company as it now app</u> Limited Liability Compan	oears on our records.) y)	
The Articles of Organization for this Limited Liability (Florida document numberL09000014097		-	l assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company l	here: Acc	2899 AU
The new name must be distinguishable and end with the world.L.C."	ords "Limited Liability Cor	npany," the designation "LIZ For	the abbreviation
Enter new principal offices address, if applicable:			3
(Principal office address MUST BE A STREET ADD	RESS)	OR TA	- -
		IDE A	ယ
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, <u>enter the nan</u>	ne of the new
Name of New Registered Agent:			
New Registered Office Address:			
-		Enter Florida street address	
		, Florida	
	City		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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action **Title** <u>Name</u> **Address** MGR Natasha Andrade 12448 S.W. 127 Avenue ✓ Add Remove Miami, EL 33186. ☐ Add Remove ☐ Add Remove Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 28 July 2009 Dated ___ Signature of a member of authorized representative of a member Martha Fernandez, Manager Typed or printed name of signee

Page 2 of 2

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