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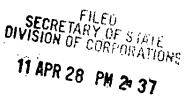
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Li BERTY DEWELEKS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ADONYS ZOURIQUEZ Name of Person
LIBERTY DEWELERS LLC Firm/Company
1957 W. Dr. MLK Jr. St.
MIAMI CUBAN SEXY & Into. Com E-mail address: (to be used for future annual report notification)
Miami CuBan Sexy 2 Janto. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
A DONYS ROUNIGUEZ at (784) 231-8844 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) \text{Certified Copy (additional copy is enclosed)}

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



"L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ability company here: imited Liability Company," the designation "LLC" or the abbreviate
The Articles of Organization for this Limited Liability Comparion of the Articles of Organization for this Limited Liability Comparison of the Liability Compariso	ability company here: imited Liability Company," the designation "LLC" or the abbreviate
Florida document number <u>L D900018439</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited l	ability company here: imited Liability Company," the designation "LLC" or the abbreviat
Florida document number <u>L D900018439</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited l	ability company here: imited Liability Company," the designation "LLC" or the abbreviat
A. If amending name, enter the new name of the limited	imited Liability Company," the designation "LLC" or the abbreviat
The new name must be distinguishable and end with the words "L.L.C." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	imited Liability Company," the designation "LLC" or the abbreviat
L.L.C." Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	
Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
The second secon	
registered agent and/or the new registered office address h	_
Name of New Registered Agent: A DON	NW GT LN Enter Florida street address VA MI Florida 33126 City Zip Code
New Registered Office Address: 8660	NW GT LN
	Enter Florida street address
<u>N</u>	\1 A M Florida 33126
	City Zip Code

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.

Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 Title ' Name **Address** Type of Action MARCELO SUARLE ABBT W. ELUREU DR. TAMM, FL. Add Remove

ADDUYS RODRIGUEZ SEGO AW GT LN ADT. 206 Remove ☐ Remove □ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 23th APRIL, 2011. Signature of a member or authorized representative of a member MAY(elo SUARC \
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00