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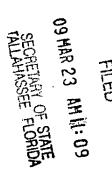
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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M. THOMAS

MAR 2 4 2009

EXAMINER

COVER LETTER

Division of Cor			•	
SUBJECT: WALLI	ΓAS, LLC			33
		ited Liability Company)		•
	Amendment and fee(s) are sub ondence concerning this matter	_		
	ALISE WEINSTEIN			
		(Name of Person)		0
		9 MAR SECRI		
		(Firm/Company)		器 23
	20803 BISCAYNE BOUL			09 MAR 23 AM III: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA
		(Address)		ST S
	AVENTURA, FL 33180			
		(City/State and Zip Code)		
For further information c	oncerning this matter, please ca	all:		
ALISE WEINSTEIN		at (305) 937 1800		
	of Person)	(Area Code & Daytime T	elephone Number)	-
Enclosed is a check for the	ne 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 St Certified Copy (additional copy	tatus &
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Wallitas, LLC					
	(Name of the Limited Liabil (A Florid	nity Company as it now appears on our records.) da Limited Lisbility Company)				
	The Articles of Organization for this Limited Liability Company were filed on MARCH 17 2009 and assigned Florida document number L09000026173					
	This amendment is submitted to amend the following:	;·				
	A. If amending name, enter the new name of the li	imited liability company here:				
	The new name must be distinguishable and end with the w	words "Limited Liability Company," the designation "LLC" or the abbreviation				
	Enter new principal offices address, if applicable:	950 Brickell Bay Drive o				
	(Principal office address MUST BE A STREET ADI	DRESSI Unit 4702 ET 3				
		miami FL 33131 ₹ 33				
*	Enter new mailing address, if applicable:	Serrania 230, Jardines del Pedregal				
	(Mailing address MAY BE A POST OFFICE BOX)	Coyoacan, Mexico, D.F.				
		C.P. 04500 Mexico				
	B. If amending the registered agent and/or registered agent and/or the new registered office ad	gistered office address on our records, enter the name of the new				
	Name of New Registered Agent:					
	New Registered Office Address:	(Enter Florida street address)				
	·	Miami Florida 33131 (City) (Zip Code)				
		1 · 4 · · - 2				

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, 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>Title</u>	<u>Name</u>	Address	Type of Actio	沞
MGRM	Patricia V. De Todd	851 Brickell Avenue Unit 4702 Miami, Florida 33131	_p☐ Add _p☑ Rømove —□	
MGRM	Patricia Victoria De Todd	851 Brickell Avenue Unit 4702 Miami, Florida 33131	Add Remove	
	Please charge	950 BC L 0 D.	Add Remove	
	(Please charge for	950 Brickey Bay Drive Unit 4702 miami FL 3313)	Add Remove	5
	both marm)			7 Symuco
			FLOATER PLOATER	
D. If ame	ending any other information, enter change(s) bere: (Attach additional sheets, if necessary.)	_	
-				
-			_	
Dated Mar	rch 19, 2009 ,,			
	Signature of a member of	authorized representative of a member	· · · · · · · · · · · · · · · · · · ·	
	Hlise Weins Typed or	printed name of signee	·	

Page 2 of 2

Filing Fee: \$25.00