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12 MAY -8 AMII: 08
SECRETARY OF STATE
ALLI AHASSEE, FLORIDA

D. BRUCE
MAY 0 9 2012
EXAMINER

COVER LETTER

TO:	Registration Se						
	<i>f</i>						
SUBJE	ECT:		orado LLC				
		Name of Limi	ted Liability Company				
		Amendment and fee(s) are sub					
			Joseph Bernstein				
			Name of Person				
	Colorado LLC						
			Firm/Company				
	20900 NE 30TH AVENUE						
			Address		ALL	12	
	Aventura, FL 33180					MAY.	777
		ic	City/State and Zip Code	÷	ARY	⇔	<u></u>
		E-mail address: (to be used for future annual report notification)		E. 20.	变	
For fu	rther information of	concerning this matter, please of	eall:		STATE LORID/	80 :	O
		eph Bernstein of Person	at (917) 365 36 Area Code & Daytime Telephon				
Enclos	sed is a check for t	the following amount:					
▼ \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S Certified Copy (additional copy is enclosed)	Certified	ite of Stat		osed)
	MAII	LING ADDRESS:	STREET/COURIER ADD	RESS:			
	Regist Divisi P.O. E	eration Section on of Corporations Box 6327 lassee, FL 32314	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301				

assistant to

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	do LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now apporting the lability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Compan	ıy were filed on _	March 24th 2009	and assigned
Florida document numberL0900029062			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company h	<u>sere</u> :	
Friends Bevera	·		
The new name must be distinguishable and end with the words "Lir"L.L.C."	nited Liability Com	npany," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		Š	A A
Enter new mailing address, if applicable:			7 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)			
	w		
		· Š	⊇rni ુ: 69 >
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		n our records, <u>enter th</u>	e name of the new
registered agent and/or the new registered office address in	ere.		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:		Enter Florida street addr	1000
		Enter Florida street daar	ess
		, Florida	7:- C - 1-
	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

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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	12 MAY -8 MI II: 08 SECRETARY OF STATE TALLAHASSEE. FHORIDA
Dated	May 04	2012	.,
	Signature of a t	member or authorized representative of a member	
	ř	Joseph Bernstein	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00