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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUN 12 PM 12:25

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T. CLINE

JUN 15 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AROUND THE WORLD PROPERTY MANAGEMENT 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:

MARIA ESCANDELL

Name of Person

AROUND THE WORLD PROPERTY MANAGEMENT LLC

Firm/Company

3081 SALSEDO ST.

Address

CORAL GABLES, FL 33134

City/State and Zip Code

marirached@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA ESCANDELL

Name of Person

at (782)

277-0828

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
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**

AROUND THE WORLD PROPERTY MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/14/2009 and assigned
Florida document number L09000036053.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3081 SALSEDO ST. CORAL GABLES

FL. 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3081 SALSEDO ST. CORAL GABLES

FL. 33134

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARIA ESCANDELL

New Registered Office Address:

3081 SALSEDO ST. CORAL GABLES,

Enter Florida street address

MIAMI

City

, Florida

33134

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 = Manager
MGRM = Managing Member

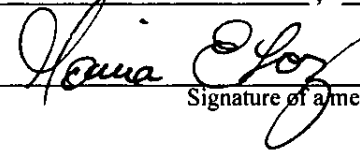
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	JORGE J. MIGUEL	6864 SW 166 CT MIAMI, FL 33193	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	MARIA A. CATTANI	6864 SW 166 CT MIAMI, FL 33193	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	MARIA ESCANDELL	3081 SALSED0 ST. CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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SECRETARY OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

REMOVE ALL MEMBERS

Dated JUNE 5, 2009


Signature of a member or authorized representative of a member
MARIA ESCANDELL
Typed or printed name of signee