L090004228	り
------------	---

(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(City/State/Zip/Phone #)			
		MAIL	
(Business Entity Name)			
(Dc	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
2			
Office Use Only			

÷

•--'

- **1** 



03/29/10--01017--005 \*\*25.00

FILED 10 MAR 29 AM 11: 43 SECRETARY OF STATE JALLAHASSEE, FLORIDA

N. Oodlagan MAR 3 0 2010

# COVER LETTER

TO: , Registration Section Division of Corporations

SUBJECT:		
	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:



For further information concerning this matter, please call:

at (**176**) **350 55 70** Area Code & Daytime Telephone Number STEPHANE DANIND

Enclosed is a check for the following amount:

\$25.00 Filing Fee

530.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS: Pagistration Section

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 A	MENDMENT		
		EU	<b>F b</b>
· ARTICLES OF O	RGANIZATION		ED.
OF	•	10 MAR 29	AM 11: 43
		SECRETARY TALLAHASSE	OF STATE
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on or ability Company)	ur records.)	E.FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on $5/1$	Ina	and assigned
Florida document number $L0900042280$	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ity company here:		
	• • •		
The new name must be distinguishable and end with the words "Limit" "L.L.C."	d Liability Company," th	e designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	2801 NE 18	isrd ST.	#2004
(Principal office address MUST BE A STREET ADDRESS)	Aventura f	-	·
	····B···J···B···B···B·················		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	2801 NE 1	r3rd St.	#2004
(Mailing address MAY BE A POST OFFICE BOX)	Aventura Fi		3160
	· · · · · · · · · · · · · · · · · · ·	-, <u>11,</u> ,	
B. If amending the registered agent and/or registered off		cords, <u>enter th</u>	e name of the new
registered agent and/or the new registered office address here	:		
Name of New Registered Agent:	<u> </u>		•
New Registered Office Address:		<u>.</u> .	<u></u>
	Enter Flo	orida street addre	
	<u> </u>	, Florida	
	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

Page 1 of 2

### 10 A 1 1 1 1 1

.

.

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

## MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	<b>Type of Action</b>
	· · · · · · · · · · · · · · · · · · ·		Add Remove
	· · ·		Add Remove
			Add Remove
			Add ·
			Add Remove
	- <u></u> .	······································	Add Remove

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

Dated	Signature of a member or authorized representative of a member	SECRETARY OF STATE	10 MAR 29 AM 11: 43	FILED
	Typed or printed name of signee Page 2 of 2	 		

Filing Fee: \$25.00