## 109000049500

(Req	uestor's Name)			
(Add	ress)			
<b>(</b>	,			
(Add	ress)			
(City	/State/Zip/Phone #	<del>(</del> *)		
PICK-UP	WAIT	MAIL		
_	_	_		
(Bus	iness Entity Name	9)		
(Document Number)				
Cartified Coning	Cortificator	of Status		
Certified Copies	Certificates	JI Status		
Special Instructions to F	iling Officer:			
Ì				
Į.				

Office Use Only



500166077445

02/01/10--01020--006 \*\*25.00

10 FEB - 1 PHID: 47

D. BRUCE

FEB 2 2010

EXAMINER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabs Florida document number	· · · · —	05/21/2009	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with th	ne words "Limited Liability Comp	any," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable	le:	, E 	10 <b>x</b>
(Principal office address MUST BE A STREET A	ADDRESS)		CAR BUT
Enter new mailing address, if applicable:		SEE, FLU	R OF SI
(Mailing address MAY BE A POST OFFICE BO	)X)	Ŝ	<b>1 7</b>
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	ne name of the nev
Name of New Registered Agent:			<u>-</u>
New Registered Office Address:	Enter Florida street address		
-		, Florida	7: 0 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 any 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 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

MGRM Epelmand o	le Dorra, Ingrid	2305 NE 192 St . North Miami, 33180	Add Remove
**************************************			Add Remove
			Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Add
D. If amending any other inf	ormation, enter change	e(s) here: (Attach additional sheets, if necessar	FILED EB-I PHIZ: 1,7 HASSEE, FLORIDA
1-1-1-1			7
Dated01/22/201	O Mia	ami .	
	Signature of a member	dr bethorize representative of a member  Nati Dorra  or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00