109000053184

(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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EXAMINER



July 14, 2009

CIRO MARTINEZ 1625 N COMMERCE PARKWAY #320 WESTON, FL 33326

SUBJECT: PROMOTORA NIZE 2007 LLC

Ref. Number: L09000053184

We have received your document for PROMOTORA NIZE 2007 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 509A00024048

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	CT: PROMOTORA NIZE 2007, 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:						
	Ciro Martinez Name of Person Promotora Nize 2007, LLC Firm/Company					
1625 N. commerce Parkway # 320						
	City/State and Zip Code MCIRO 1984 @ GMAIL. COM E-mail address: (to be used for future annual report notification) There information concerning this matter, please call:					
For further information concerning this matter, please call:						
<u>Cc</u>	Name of Person at (954 3896161 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6					
Enclose	ed is a check for the following amount:					
\$25	.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate Opy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified					

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

PROMOTORA N	177E 2007, LLC
(<u>Name of the Limited Lis</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed on 06 - 02 - 2009 and assigned 053184
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
PROMOTORA	NICE 2007, LLC
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ARTARY OF STATE OR
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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.

Ÿ.

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>	Name	Address	Type of Action
MGR	JOEGE ANTONIO Urosa ZAGER	1625 N. Commerce Porkuay #320 WESTON, M 33326	Add Remove
MGR	ALBAS SABAS	1625 N. Commerce Parkway # 320: Weston, M 33326	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
		HASSE	71 - 10 - 60
Dated		FLORIDA	94 to 16
		or authorized representative of a member or printed name of signee	
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Page 2 of 2

Filing Fee: \$25.00