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STATE OF MISSISSIPPI
TALLAHASSEE, MISSISSIPPI

JUN - 4 2013
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOCAL 34, 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:

MAURICIO NAVA
Name of Person
LOCAL 34, LLC
Firm/Company
4500 NW 99TH CT, #205
Address
DORAL, FL 33178
City/State and Zip Code
NAVAMAURICIO1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAURICIO NAVA at (305) 582-3934
Name of Person Area Code & Daytime Telephone Number

STATE DEPT OF STATE
TALLAHASSEE, FL 32301
2013 JUN -3 PM 1:16

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

LOCAL 34, 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 4/1/2009 and assigned
Florida document number L09000053707

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2013 JUN -3 PM 1:16

This amendment is submitted to amend the following:

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

NAVAPC, LLC

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)

4500 NW 99th Ct, Suite 205
DORAL, FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4500 NW 99th Ct, Suite 205
DORAL, FL 33178

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:

MAURICIO NAVA

New Registered Office Address:

4500 NW 99th Ct, Suite 205

Enter Florida street address

DORAL

Florida

33178

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.

M. Nava
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:

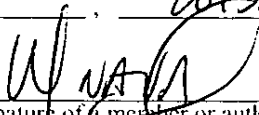
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input checked="" type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

SECRETARY'S OFFICE
CALLAHAN STREET
2013 JUN 3 PM 1:18
FBI

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

Dated MAY 28th, 2013



Signature of member or authorized representative of a member

MAURICIO NAVA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRET