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SECRETARY OF STATE
ALLAHASSEF, FI OBITA

D. BRUCE

DEC 1 2009

**EXAMINER** 

## **COVER LETTER**

| TO:          | Registration S<br>Division of Co |  |  |   |  |
|--------------|----------------------------------|--|--|---|--|
| SUBJE        | CCT:                             | Sala   | ama 3, LLC   |   |  |
|              |                                  |  | ited Liability Company   | <del></del>   |  |
| The end      | closed Articles of               | f Amendment and fee(s) are su  | bmitted for filing.  |   |  |
| Please 1     | return all corresp               | ondence concerning this matte  | r to the following:  |   |  |
|              |                                  |  | Don Gonzalez, Esq  |   |  |
|              |                                  |  | Name of Person   |   |  |
| 4 ·          |                                  |  | Don Gonzalez, P.A.   |   |  |
|              | •                                |  | Firm/Company   |   |  |
| •            |                                  | 1820 1   | Corp Lakes Blvd, Ste 201   | 09<br>TAL   |  |
|              |                                  |  | Address  | AAR NO TI   |  |
|              |                                  |  | Weston, FL 33326   | FILED 09 NOV 30 PH 12: 57 SECRETARY OF STATE ALLAHASSEE, FLORID                               |  |
|              |                                  |  | City/State and Zip Code  | m & bill  |  |
|              |                                  | F-mail address: (  | ongonzalez@aol.com to be used for future annual report notification)   |   |  |
| For furt     | her information of               | concerning this matter, please of  | •  | D<br>HIZ: 57<br>F STATE<br>FLORIDA  |  |
|              | Don                              | Gonzalez, Esq  | at ( 954 ) 598-066   | 0   |  |
|              | Name o                           | of Person  | Area Code & Daytime Telephone  | Number  |  |
| Enclose      | d is a check for t               | he following amount:   |  |   |  |
| <b>₹</b> 25. | 00 Filing Fee                    | \$30.00 Filing Fee & Certificate of Status   | Certified Copy (additional copy is enclosed)   | 0.00 Filing Fee,<br>Pertificate of Status &<br>Pertified Copy<br>Additional copy is enclosed) |  |
|              | Regist<br>Divisio<br>P.O. B      | ING ADDRESS:<br>ration Section<br>on of Corporations<br>ox 6327<br>assee, FL 32314 | STREET/COURIER ADDR<br>Registration Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center Circle<br>Tallahassee, FL 32301 | ESS:  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Salama   | 3, LLC  |                             |                         |
|--|---|-----------------------------|-------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited   | i <mark>ny as it now appea</mark><br>Liability Company) | rs on our records.)         |                         |
| The Articles of Organization for this Limited Liability Company  | y were filed on   | 06/03/2009                  | and assigned            |
| Florida document numberL0900053930   |   |                             |                         |
| This amendment is submitted to amend the following:  |   |                             |                         |
| A. If amending name, enter the new name of the limited liab  | <u> bility company he</u>                               | re:                         |                         |
| N/A  | 4   |                             |                         |
| The new name must be distinguishable and end with the words "Lim"L.L.C."   | ited Liability Comp                                     | any," the designation "L    | LC" or the abbreviation |
| Enter new principal offices address, if applicable:  | N/A   |                             | Year of                 |
| (Principal office address MUST BE A STREET ADDRESS)  |   |                             | 09<br>SEC               |
|  |   |                             |                         |
|  |   |                             | 30<br>30                |
| Enter new mailing address, if applicable:  | N/A   |                             |                         |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | 5                           | To RS D                 |
|  |   |                             | S 5                     |
|  |   | 3                           | >                       |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | ffice address on<br><u>e</u> :                          | our records, <u>enter t</u> | he name of the new      |
|  |   |                             |                         |
| Name of New Registered Agent:  |   |                             |                         |
| New Registered Office Address:   |   |                             |                         |
|  | Er  | nter Florida street add     | ress                    |
|  |   | , 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

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>Address</u> Type of Action <u>Name</u> MGRM Norma Colunga Rojas ✓ Add
□ Remove 2261 Salerno Circle Weston, FL 33327\_\_\_\_\_\_ Paola Heinz MGRM ✓ Add 2261 Salerno Circle Remove Weston, FL 33327\_\_\_\_\_\_ MGRM Karla Heinz 2261 Salerno Circle Remove Weston, FL 33327 \_\_\_\_ Nicole Heinz MGRM DbA [√ 2261 Salerno Circle Weston, FL 33327 ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar) November 9 2009 Dated \_\_\_\_ Signature of a member or authorized representative of a member Hans Heinz Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00