

LD9000054421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

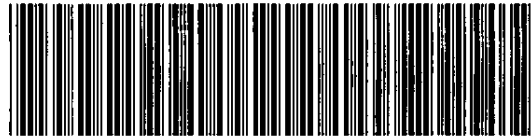
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER
OCT 19 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BISCAYA HOLDINGS
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:

Oded M. Kaiser
Name of Person

Biscaya Holdings, LLC
Firm/Company

444 Brickell Ave Ste 417
Address

Miami, FL 33131
City/State and Zip Code

MAX@OMRFL.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Oded M. Kaiser at (786) 326-7500
Name of Person Area Code & Daytime Telephone Number

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**

Biscaya Holdings

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA
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The Articles of Organization for this Limited Liability Company were filed on 06/04/2009 and assigned
Florida document number L09000054421.

This amendment is submitted to amend the following:

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

~~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)~~

~~Enter new mailing address, if applicable:~~

~~(Mailing address MAY BE A POST OFFICE BOX)~~

~~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: _____~~

~~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.~~

~~_____
If Changing Registered Agent, Signature of New Registered Agent~~

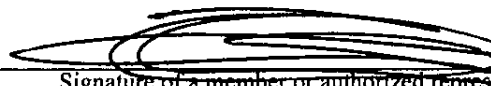
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|---|--|
| MGR | PABLO A CAMPOSANO | 444 BRICKELL AVENUE, SUITE 417 MIAMI, FL 33131 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | LILIAN J. CAMPOSANO | 444 BRICKELL AVENUE, SUITE 417 MIAMI, FL 33131 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated October 12th, 2010


Signature of a member or authorized representative of a member

Oded M. Kaiser
Typed or printed name of signee

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