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SECRETARY OF STATE
SALL AHASSEE, FLORID

J. BRYAN

MAY 17 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co	Section orporations			
SUBJE	ECT:	2301 Colli	ns Ave 442, LLC.		
5050	<u></u>		ited Liability Company		
The end	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
			Pedro P. Saez, Esq.		
			Name of Person		
Saez & Associates			Saez & Associates		
			Firm/Company		
	777 Brickell Avenue, Suite 1110				50 -
	Address				LGR S
			Miami, FL 33131		HAS
	City/State and Zip Code				SSET OF I
			osaez@saezlaw.com to be used for future annual report notific		무유
For fur	ther information	E-mail address: (concerning this matter, please		ation)	11 MAY 16 PH 4: 27 SECRETARY OF STATE SECRETARY OF SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF S
		-			₹ ?
		o P. Saez, Esq.	at (305) 3	358-0028 Telephone Number	
	Nume	or reison	And code & Daytine	Telephone Ivamoer	
Enclose	ed 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)	Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations Box 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2301Collins Ave 442, LLC

(Name of the Limited) (A	Florida Limited I	ny as it now appears of Liability Company)	our records.)				
The Articles of Organization for this Limited Lia Florida document number		were filed onJu	une 10, 2009	and assigned			
This amendment is submitted to amend the follo A. If amending name, enter the new name of	•	ility company here:		TILE DE STATE			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,'	the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applica	3520 Magellan C	Circle					
(Principal office address MUST BE A STREET	(ADDRESS)	Apt 734					
**************************************		Miami, Florida 33180					
Enter new mailing address, if applicable:	3520 Magellan C	Circle					
(Mailing address MAY BE A POST OFFICE BOX)		Apt 734	0400				
		Miami, Florida 3	3180				
B. If amending the registered agent and/o registered agent and/or the new registered off	U		records, enter t	the name of the new			
Name of New Registered Agent:	iez, Esq.						
New Registered Office Address:	New Registered Office Address: 777 Brickell Avenue Suite 1110						
		Enter 1	Florida street add	ress			
		Miami	, Florida	33131			
		Citv		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>	Name	Address	Type of Action
MGRM	Aldolfo Ruben Mateus	3520 Magallen Circle APT 734 Miami, Florida 33180	
MGR_	Marta Maria Campos	3520 Magallen Circle APT 734 Miami, Florida 33180	✓ Add ☐ Remove
MGR_	Vanina Solange Mateus	3520 Magallen Circle APT 734 Miami, Florida 33180	
MGRM	Jeannette Facilince	11385 NW 66th Street Doral, Florida 33178	Add ✓ Remove
		-	Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	Add Remove
			THAY 16 PM.4:27 SECRETARSEE FLORIDA
Dated	x Almand .	011	
	/ -	er or authorized representative of a member	
	•	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00