## 109000066001

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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S. HAWKES

AUG 2 5 2009

EXAMINER

## **COVER LETTER**

T	TO? Registration Division of C					
	SUBJECT:	Piruli	in Group LLC			
	•	Name of Lim	nited Liability Company			
	The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
	Please return all corres	pondence concerning this matte	er to the following:			
MARC			ARCELO GONCALVES			
		Name of Person				
		F				
			Firm/Company			
			3240 SW 186 TR			
			MIRAMAR, FL , 33029  City/State and Zip Code			
		. 4A S				
		E-mail address:	RCELO@ISCMIAMI.COM (to be used for future annual report notifical	tion)		
	For further information	concerning this matter, please	call:			
	MARC	ELO GONCALVES	at ( 954 ) 43	37-7564		
Name of Person		e of Person	Area Code & Daytime T	elephone 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		STREET/COURIER Registration Section Division of Corporati Clifton Building			
	Talla	hassee, FL 32314	2661 Executive Cente Tallahassee, FL 3230			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIRU	JLIN GROUP LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears (a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	07/08/2009	and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the line	mitad liability company baras	-	OS MIG 24 PILLE
A. If amending name, enter the new maine of the in	arted madmity company nere.		- "E 2 'C
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company	," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reging registered agent and/or the new registered office ad		r records, enter (	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u> </u>		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member							
<u>Title</u>	<u>Name</u>	Address	Type of Action				
MGRM	TIP 45 CORP.	15565 SW 42 TR . MIAMI . FL . 33185	Add Remove				
<u>MGRM</u>	MARMAR INVESTMENT LLC	19317 SW 27 ST , MIRAMAR , FL , 33029	_ ✓ Add ☐ Remove				
			add T				
			Add F. Remove				
<del></del>			Add Remove				
			Add Remove				
D. If amendi	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	_				
			_				
<del></del>			_				
Dated	AUGUST - 19 , 200	Jours	<b></b>				
_		or authorized representative of a member					
-		ELO GONCALVES r printed name of signee	<del></del>				

Page 2 of 2

Filing Fee: \$25.00