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SECRETARY OF STATE
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J. ERYAN

DEC 1 1 2009

**EXAMINER** 

## **COVER LETTER**

SUBJECT:	ISOF	PLANIT LLC		
SOBJECT.		ted Liability Company		
	٠.	÷		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	<u> </u>	Ronald Ricardo		_
		Name of Person		
		ISOPLANIT LLC		_
		Firm/Company		
		1015 SW 44 Ave		
		Address		17.00 P
		Miami, FL 33134		智
	City/State and Zip Code  ronald.ricardo@isoplanit.com  E-mail address: (to be used for future annual report notification)		FILL PH 1: 16 09 DEC TO PH 1: 16 SECRETARY OF STATE FALLAHASSEE, FLORID	
	E-mail address: (	to be used for future annual report	notification)	FLO
For further information co	oncerning this matter, please o	eall:		ATE ATE
Ror	nald Ricardo	at ( 786 )	417-9778	
Name of	Person	Area Code & D	aytime Telephone Numbe	er
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	<b>[√</b> ]\$30.00 Filing Fee &	\$55.00 Filing Fee &	<b>\$</b> 60.00 Fi	ling Fee
\$23.00 rming rec	Certificate of Status	Certified Copy (additional copy is enc	Certific losed) Certifie	ate of Status &
MAILI	ING ADDRESS:	STREET/CO	DURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\*Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISOPLA			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on	JULY 10, 2009	and assigned
Florida document numberL0900066916			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lim"	ited Liability Compa	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	1015 SW 44	Ave	· <u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33	134	TO THE
Enter new mailing address, if applicable:	1015 SW 44 A	Ave	ARY OF THE D
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33	134	6 6
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>'e</u> :	ter Florida street addre	
	City	, Florida	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				
MGR	Ronald Ricardo	1015 SW 44 Ave Miami, FL 33134	Add Remove				
MGRM	Victor Thompson	223 Menores Ave Coral Gables, FL 33134	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
***************************************			Add Remove				
D. If amend	ing any other information, enter change(	(s) here: (Attach additional sheets, if necessary)					
Dated	December 8 , 200		om on				
	Signature of a member of antiborized representative of a member						
		onald Ricardo					
	Typed o	r printed name of signee					

Page 2 of 2

Filing Fee: \$25.00