L0900067233

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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EXAMINER

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ECCRETARY OF STATE

COVER LETTER

| TO: Registration So Division of Con | ection rporations | • | • | | |
|----------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------|-------|
| SUBJECT: | 61-63 EAST | T 13 STREET, LLC | | | |
| SUBJECT. | | ited Liability Company | | | |
| | Amendment and fee(s) are sub ondence concerning this matter | | | | |
| | | Leoncio Galan | | | |
| | | Name of Person | | | |
| | | . Firm/Company | | -1 ~\ | |
| | 1800 | Northwest 120th Terrace | | 2009 AUG -7 PM 3: 07 SECRETARY OF STATE TALLAHASSEE, FLORID | 77 |
| | | Address | | HASS | |
| | Pemb | proke Pines, Florida 33026 | | 7 P | m |
| • | | City/State and Zip Code | | PH 3: 07 OF STATE EE.FLORID | O |
| | E-mail address: (| to be used for future annual report notificat | tion) | O7 | |
| For further information of | concerning this matter, please of | call: | | | |
| | or Daniel Jr. Esq | at (<u>305</u>) <u>3°</u> Area Code & Daytime T | 18-5534 Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | e of Status & | osed) |
| | | | | | |

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

| 61-63 East 13 | | - | | | |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------|--------------|---------------|-------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | <u>ny as it now appears</u> Liability Company) | s on our record | <u>is.</u>) | | |
| The Articles of Organization for this Limited Liability Company Florida document numberL0900067233 | were filed on | July 13, 20 | 009 | and ass | igned |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here | <u>2</u> : | | | |
| The new name must be distinguishable and end with the words "Limi | ited Liability Compar | ny," the designa | tion "LLC | or the a | bbreviation |
| The new name must be distinguishable and end with the words "Limi" L.L.C." | | | ALI SE | 2009 | |
| Enter new principal offices address, if applicable: | 61 E 13 Stree | | AH | AUG | |
| (Principal office address MUST BE A STREET ADDRESS) | Hialeah, Florid | da 33010 | ASSI ASSI | 4 | |
| | | | mo n | 2 | <u>m</u> |
| Enter new mailing address, if applicable: | | | STATE | <u>အ</u> ဝ | · · |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 5 | | |
| | | | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | ur records, <u>e</u> | nter the | name o | f the nev |
| Name of New Registered Agent: | | | <u> </u> | | <u></u> |
| New Registered Office Address: | Ent | er Florida stre | et address | 5 | |
| | | . Flori | da | | |
| | City | , F IUFI | | Zin Coda | , |

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 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:

| | <u>Name</u> | <u>Address</u> | Type of Actio |
|--------|-----------------------------------|---------------------------------------------------|-----------------------|
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| | | | Add Remove |
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| f amen | ding any other information, enter | r change(s) here: (Attach additional sheets, if n | Remove |
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Page 2 of 2

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