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D BRUCE
MAY 25 2010
EXAMINER

COVER LETTER

	ision of Corporations		
SUBJECT:	CU S	Specialist, LLC	
		mited Liability Company	
The enclosed	Articles of Amendment and fee(s) are s	ubmitted for filing.	
Please return	all correspondence concerning this matt	er to the following:	
		Richard L. Barbara	
		Name of Person	
	Alvarez & Barbara, LLP		<u>. </u>
Firm/Company		Firm/Company	ii.
	2701	2701 South Bayshore Drive, #305	
		Address	A TO
	Miami, FL 33133		MY21 /
		City/State and Zip Code	7 7 7
	E-mail address:	(to be used for future annual report not	ification)
For further in	formation concerning this matter, please	call:	us - U
	Cindy Barbara	at (_305 <u>-</u>)	263-7700
	Name of Person	Ārea Code & Daytir	me Telephone Number
Enclosed is a	check for the following amount:		
\$25.00 Fi	ling Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	prations

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CU Specia (Name of the Limited Liability Compa (A Florida Limited I	alist, LLC <u>ny as it now appears on our re</u> Liability Company)	ecords.)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on07/16	/2009 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the des	signation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	10478 SW 75 Lane	24.			
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33173	500			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	10478 SW 75 Lane Miami, FL 33173	HAY21 AH 10: 08			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		s, <u>enter the name of the new</u>			
New Registered Office Address:	New Registered Office Address: Enter Florida street address				
• •	tnier rioriaa sireei aaaress				
•	, F	lorida 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

<u> </u>	<u>Name</u>	Address	Type of Action
			_
			Add Remove
			_
			Add Remove
			Kemove
			Add
			Remove
			Add Remove
			Add
			Remove
			Add
			Remove
. If amend	ling any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
	nend Address for MGRM Daniel A.	Vega to:	10 MAY 2/ 1
	478 SW 75 Lane, Miami, FL 33173	So the second se	77.
<u>. </u>			
			<u> </u>
	May 19 201		_
ated	111ay 10		
	Signature of a prember o	r authorized representative of a member	
		Daniel Vega	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00