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DEC - 4 2009

EXAMINER



600162486546

12/03/09--01010--013 **30.00

09 DEC -3 PH 12: 16

SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

Division of Co	orporations		
SUBJECT:	SEL	FMUVE LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	abmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
•	Arr	nando Gutierrez, Esquire	
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
		85 Solano Prado	
		Address	
	Cor	al Gables, Florida 33156	
		City/State and Zip Code	
	qu	ixtarusa@bellsouth.net (to be used for future annual report notifica	,
	E-mail address:	to be used for future annual report notification	tion)
For further information of	concerning this matter, please	call:	
Arma	ando Gutierrez	at (305) 6	66-4647
Name o	of Person	Area Code & Daytime T	elephone 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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

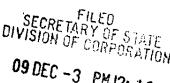
TO:

Registration Section

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



•				1 PM 12: 16
	SELFMU	IVE LLC		- 🕶
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appear Liability Company)	s on our records.)	
`				
The Articles of Organization for this Limited		were filed on	July 21, 2009	and assigned
Florida document number L0900006	9880			
This amendment is submitted to amend the fo	lowing:			
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 w	ith the words "Lim	ited Liability Compa	ny," the designation "I	LLC" or the abbreviatio
L.L.C."				
Enter new principal offices address, if appli	cable:	Lincoln Logist	icas Park	
Principal office address MUST BE A STRE	ET ADDRESS)	Building 100		
		Medley, FL 33	3178	
Enter new mailing address, if applicable:		Lincoln Logist	ics Park	
Mailing address MAY BE A POST OFFICE	r ROX)	Building 100		
nuumg uuuress mat de a rust urrive duaj		Medley, FL 33178		
If amending the registered agent and egistered agent and/or the new registered or			ur records, <u>enter (</u>	the name of the nev
egistered agent and/or the new registered	THE address her	<u>v</u> .		
Name of New Registered Agent:	Armando Gutierrez, esquire			
New Registered Office Address:	85 Solano F			
		Ent	er Florida street ada	lress
	C	oral Gables	, Florida	
		City		Zin 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. Thereby 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 = Ma MGRM = 1	anager Managing Member		
Title	Name	Address	Type of Action
MGR_	Joseph Pauley	953 Allegro Lane Apollo Beach, FL 33572	Add ✓ Remove
MGR_	Patricia Wagner	12600 N.W. 115 Ave. Medley FL 331	78 🗸 Add
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	_
_			_
Dated	November 25, 2009 ,		
	_	expresentative of a member	
		ndo Gutierrez, esquiré d or printed name of signee	

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Filing Fee: \$25.00