

**209000071900**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : G. FRANK QUESADA, ESQ  
Account Number : I20050000158  
Phone : (305) 446-2517  
Fax Number : (305) 446-7521

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 NOV 23 AM 11:00

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
6901 CORAL WAY, LLC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

**A. LUNT**

NOV 24 2010

**EXAMINER**

RECEIVED  
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6901 Coral Way, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 07/27/2009 and assigned Florida document number L09000071900

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: G. Frank Quesada, Esquire

New Registered Office Address: 1313 Ponce de Leon Boulevard, Suite 200

Enter Florida street address

Coral Gables, Florida 33134

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.

[Handwritten Signature] If Changing Registered Agent, Signature of New Registered Agent

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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

| Title | Name                     | Address  | Type of Action   |
|-------|--------------------------|--|--|
| MGR   | Darwin Patron            | 6901 Coral Way<br>Miami, Florida 33155         | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | Omar Alberto Barboza Fug | 2872 Bellewater Place<br>Oviedo, Florida 32785 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | Pablo Colmenares         | 5700 Bear Stone Run<br>Oviedo, Florida 32785   | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                          |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                          |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                          |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated NOV 27, 2010.

[Signature]  
 Signature of a member or authorized representative of a member  
OMAR BARBOZA  
 Typed or printed name of signee

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 TALLAHASSEE, FLORIDA  
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