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EXAMINER

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SECRETARY OF STATE CIV.SION OF CORPORATIONS

COVER LETTER

_,το: ˆ **Registration Section** 10 NON 17 PM 1:22 **Division of Corporations** DEXTERA TECHNOLOGIES SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **GERMAN DOMINGUEZ** Name of Person MY CASITAS, LLC Firm/Company 14738 S.W. 84 TERRACE Address MIAMI, FL 33193 City/State and Zip Code GDOMINGUEZ48@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 110 000 Area Code & Daytime Telephone Number **GERMAN DOMINGUEZ** Name of Person Enclosed is a check for the following amount:

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEXTERA	TECHNOLOGIES,	LLC	7 9
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	08/10/2009	and assigned
Florida document numberL09000077043	······································		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
M	Y CASITAS,LLC		
The new name must be distinguishable and end with the ward. L.L.C."	vords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
<u>(Principal office address MUST BE A STREET ADI</u>	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	-, y ·		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered ornce at	turess nere.		
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	En	nter Florida street add	ress
	·	, Florida	
	Citv		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:

<u>itle</u>	<u>Name</u>	Address	Type of Action
MGRM	ELIZABETH KENNEALLY	14738 SW 84 TERRACE MIAMI,FL 33193	Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
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. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			
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Page 2 of 2

Filing Fee: \$25.00