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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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10/25/10--01008--001 **25.00

B. KOHR
OCT 27 2010
EXAMINER

Myision of corporations

10 OCT 25 PM 1: 55

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company 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:
Marta Castillo Name of Person
MC Virtual Office, UC
13601 Sw. 178 St. Address
Miami, Fl. 33177 City/State and Zip Code Marta castillo @ bell south net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marter Cashilo at (186) 397-7149 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: [25.00 Filing Fee
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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

	٠.			- CA %2%
Name of the Limited I	21 Compan	y as it now appears on of ability Company)	our records.)	
The Articles of Organization for this Limited Lia	ability Company		1_	ু পু and assigned
This amendment is submitted to amend the follow				
A. If amending name, <u>enter the new name of</u>	_	lity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," t	he designation "LI	_C" or the abbreviation
Enter new principal offices address, if applica	ble:	13601 51	N. 178	st
(Principal office address MUST BE A STREET	<u> [ADDRESS]</u>	Miami, F	1. 3317	<u>'</u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	(OX)			
B. If amending the registered agent and/or registered agent and/or the new registered off			ecords, <u>enter th</u>	e name of the new
Name of New Registered Agent:	<u> Var</u>	ta Cash	110	
New Registered Office Address:	_13601	S.W. 178 Enter Fl	S} . orida street addre	ess
	Miani	City	, Florida	33177 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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> 19RM</u>	Esposito, Tinaiya	13601 S.W. 178st Miami Fl. 33177	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			
			_
Dated	Xenta X	105	
	Marta ('es	or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00