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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. BRYAN

NOV - 9 2009

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:		LAURA FURCIC, LLC Name of Limited Liability Company			
The enclosed Articles of Please return all corres	09 NOV				
ELI PANELL, ESQ., CPA, CFP(R) Name of Person			HICHARY OF STATE		
	PANELL LAW FIRM, LLC Firm/Company				
	7950 NW 53RD STREET, SUITE 221 Address				
	DORAL, FL 33166 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	LL, ESQ., CPA, CFP(r)	at (305) Area Code & Dayt	513-8606 ime Telephone Number		
Enclosed is a check for	the 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)		
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AURA FURCIC, LLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears or ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on	08/21/2009 assignd
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
TIE	RRA SOLEADA, LLC	all in
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company	"," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u>X)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on ou e <u>address here</u> :	r records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	· Florida street address
		, Florida
-	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.

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 Add Remove ∏ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member LAURA FURCIC Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00