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Florida Department of State

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Account Number: I20070000160

: (800)494-3124

Phone

Fax Number

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A. LUNT
MAR -9 2010

EXAMINER

4.100000522873.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as if now annears on our recor	rds.)
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	3.31
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000084516</u> .	were filed on 09/01/2009	and assigned TALLAH
This amendment is submitted to amend the following:		MAR -8 CRETARY LAHASSI
A. If amending name, enter the new name of the limited liab	inty company here;	FOR B
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the design	ation "LLC" of the abbieviatio
Enter new principal offices address, if applicable:	2828 CORAL WAY AVENUE,	, STE 435
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33145	
Enter new mailing address, if applicable:	2828 CORAL WAY AVENUE	STE 435
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FLORIDA 33145	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida str	reet address)
<u> </u>	, Flori	
	(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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, cuter the title, name, and address of each Manager or Managing Members and the manager of Man or Managing Member being added or removed from our records:

MGR = Mana MGRM = Mar	ger naging Member		
Title	Name	Address	Type of Action
MGRM_	ALEXANDRO MARCEL	4675 PONCE DE LEONB BLVD. STE. 305 CORAL GABLES FL 33146	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remiove
		•	Add Remove
D. If amendin	g any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	2010 MAR -8 AM I SECRETARY OF S TALLAHASSEE, FL
Dated	1ARCH 5TH . 2010	<u>o</u> .	AM II: 03 OF STATE OF LORIDA
_	-	authorized representative of a member	
	MARCO Á	N TON AZZi	·