## #10900095382

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SATURASSEE FLERGS

EXAMINER
OCT 2 7 2011

## **COVER LETTER**

TO:	Registration S Division of Co					
SUBJE	· ECT:	PREMIUM SE	A PROPERTIES, L	L.C.	•	
~~~			mited Liability Company		•	
The en	closed Articles o	f Amendment and fee(s) are:	submitted for filing.			
Please	return all corresp	oondence concerning this mat	ter to the following:			
	JOSE C. MARRERO, ESQ.					
			Name of Person			
		LAW OFFICE C	F JOSE C. MARRER	O & ASSOC. P.A.	_	
			Firm/Company			
		1200 (	Brickell Avenue, Suite	No. 505	_	
			Address		_	
			Miami, FL 33131			
			City/State and Zip Code		_	
		E-mail address	jose@marrerolaw.con : (to be used for future annual re			
For fur	ther information	concerning this matter, pleas	e call:			
		se C. Marrero	at (_305 )	470-2030		
	Name	of Person	Area Code	& Daytime Telephone Numb	er	
Enclose	ed 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) Certific	iling Fee, ate of Status & ed Copy onal copy is enclosed)	
MAILING ADDRESS: Registration Section		STREET/ Registratio	/COURIER ADDRESS:			
Division of Corporations P.O. Box 6327				of Corporations		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premium Sea Properties I.I.C.

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(Name of the Limited	Liability Compa Florida Limited I	ny as it now appe Liability Company	ars on our records.)	A STATE WINDS
The Articles of Organization for this Limited L Florida document numberL0900009		were filed on	October 2, 2009	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company h	ere:	
	N/A	١		
The new name must be distinguishable and end wi"L.L.C."	th the words "Limi	ited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applie	cable:	N/A		
(Principal office address MUST BE A STREI	<del></del>			
Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE A POST OFFICE	BOX)	<del></del>		<del></del>
B. If amending the registered agent and registered agent and/or the new registered o			our records, enter the	e name of the new
New Projectored Office Address				
New Registered Office Address:		E	nter Florida street addre	ss
		, 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 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
MGR	CARLOS ROJO	1200 Brickell Avenue Suite No. 505 Miami, FL 33131	Add  Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend		ter change(s) here: (Attach additional sheets, if necessary.)	_
Dated	October 24,	9/10cm ()	_
	Signature o	f a member or authorized representative of a member  Juan Carlos Cachoua	
		Typed or printed name of signee	