05/24/2010 15:15

3052201440

LAZARUS

PAGE 01/03

unbawansamistra Bacthesemenareve

Division of Corporations Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000123133 3)))



H100001231533ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : I20000000019
Phone : (305)552-5973

Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

RECEIVED 10 MAY 24 PM 4: 45 SECNETARY OF STATE LLAHASSEE. FLORID

MBB SUNNY ISLES, LLC

Certificate of Status 0
Certified Copy 0

Page Count 03 C. LEWIS

Estimated Charge \$25.00

EXAMINER

MAY 2 5 2010

Electronic Filing Menu

Corporate Filing Menu

Help

وللوار والم

H 1 0 0 0 0 1 2 3 1 3 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2010 HAY 24 AM 8: 22

SECRETARY OF STATE FALLAHASSEE, FLORIDA

| MBB SUNNY ISLES, | uc | |
|--|--|-----|
| MBB SUNNY ISLES, (Name of the Limited Liability Company a (A Florida Limited Liab | as it now appears on our records.) bility Company) | |
| The Articles of Organization for this Limited Liability Company we Florida document number <u>LO 9000097668</u> | ere filed on $\frac{10/08/2009}{2009}$ and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabilit | tv company here: | |
| The new name must be distinguishable and end with the words "Limited "L.L.C." | d Liability Company," the designation "LLC" or the abbreviat | ion |
| Enter new principal offices address, if applicable: | | _ |
| (Principal office address MUST BE A STREET ADDRESS) | | _ |
| - | | _ |
| | · | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | - |
| - | | - |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | | 16M |
| | | |
| Name of New Registered Agent: | | _ |
| New Registered Office Address: | | _ |
| (Enter Florida street address) | | |
| | (City) , Florida (Zip Code) | _ |
| New Registered Agent's Signature, if changing Registered Agent: | (Suy) (Zip Code) | |
| | | |
| I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac- company has been notified in writing of this change. | ete performance of my duties, and I am familiar with a rovided for in Chapter 608, F.S. Or, if this document is | nd |

(If Changing Registered Agent, Signature of New Registered Agent)

Page I of 2

H10000123133

MGR = Manager

H10000123133

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:

MGRM = Managing Member Type of Action <u>Address</u> Title Name Marcio Brotto DE BURROS MGRM Remove ☐ Add Romove 7 Add Remove ☐ Add T Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated or authorized representative of a member Antonio Scardoua
Typed or printed name of signee Francisco

Page 2 of 2