

Division of Corporations
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L. SELLERS

To:

Division of Corporations

Fax Number : (850)617-6383

SEP 3 0 2010

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

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

Email Address:

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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DADE 1 INVESTMENT LLC

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Corporate Filing Menu

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9/29/2010

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EMBIBE COBB KIT

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## **COVER LETTER**

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TO:	Registration Section
	Division of Corporation

SUBJECT:	DADE 1 IN	VESTMENT LLC	
	Name of Lim	ited Liability Company	
The enclosed Artioles of	FAmendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		MARIO GUZMAN	
		Name of Person	
	GU.	ZMAN & GUZMAN, P.A.	<del></del>
		Firm/Company	
	9130 \$. 0	DADELAND BLVD, STE	1600
		Address	
		MIAMI, FL 33156	
		City/State and Zip Codo	
	E-mail address: (	to be used for future annual report in	ounçation)
For further information of	concerning this matter, please o	र्था:	
MAI	RIO GUZMAN	at ( 305 )	570-1991
	of Person		time Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fec & Certified Copy (additional copy is enclo	(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahasses, FL 32314 STREET/COURIER ADDRESS; Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassoc, FL 32301

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EWBIBE COBB KIL

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ESTMENT LLC	<i>,</i>
(Name of the Limited Liability Co. (A Florida Limit	nonny as it now supea and Liability Company)	iz on our records.)
The Articles of Organization for this Limited Liability Comp	any were filed on	10/28/09 and assigned
Plorida document numberL09000103967		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the Hunted	liahiktu campany ha	wat t
15. If Bire and 12 the tree trees and the day and the	HADINY COMPANY INC.	<u>.</u>
The new name must be distinguishable and end with the words "	Circled Linkilin, Commi	ner i she declaration by ( 673 - the this main time
"L.L.C."	mined bigointy Comp	my, the designation DCC of the tooleviation
Dutan		
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amonding the registered agent and/or registered		our records, enter the name of the new
registered anent and/or the new registered office address	<u>here:</u>	
Name of New Registered Agent;		
New Registered Office Address:		
	En	uer Florida street address
•		<b>V</b> logida
<del></del>	City	, FloridsZip Code
	<b>41</b>	asp core
New Registered Assent's Signature, if changing Registered As	•	Zip Cone
New Resistered Agent's Signature, if changing Resistered As	•	ay cone
I hereby accept the appointment as registered agent and	enti agree to act in this c	apacity. I further agree <u>t</u> a comply with
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and of	enti agree to act in this c omplete performance	apacity. I further agree to comply with of my duties, and I am familiar Fifth and
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and accept the obligations of my position as registered agent	agree to act in this complete performance as provided for in C	apacity. I further agreets comply with of my duties, and I am familiar With and hapter 608, F.S. Or, if this document is
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and co accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	agree to act in this complete performance as provided for in C	apacity. I further agree to comply with of my duties, and I am familiar With and hapter 608, F.S. Or, if this document is
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and of accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this complete performance as provided for in Confice address. I hereb	apacity. I further agree to comply with of my duties, and I am familiar With and hapter 608, F.S. Or, if this document is y confirm that the limited hability
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I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and confidence the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this complete performance as provided for in Confice address. I hereb	apacity. I further agree to comply with of my duties, and I am familiar With and hapter 608, F.S. Or, if this document is y confirm that the limited hability

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	
<b>MGRM</b>	≈ Managing	Momber

Title	<u>Name</u>	Address	Type of Action	
MGR	GUZMAN, MARIO I	9130 S. DADELAND BLVD SUITE 1600 MIAMI, EL 33156	Add Remove	
MGR	GUZMAN, ALBERTO F	9130 S. DADELAND BLVD SUITE 1600 MIAMI, EL 33156	Add  Remove	
MGR	CASSOLA, DANIEL	9130 S. DADELAND BLVD SUITE 1600 MIAMLEL 33166	Z Add	
MGR	GEA, GUSTAVO E	9130 S. DADELAND BLVD SUITE 1600 MIAMI, EL 33156	Add Remove	
			Add Remove	
	· · · · · · · · · · · · · · · · · · ·		Add Removs	
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)		
			· ·	
Dated	9/29	010	<del>-</del> .	
		er or authorized representative of a member  20		
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Filing Fee: \$25.00

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