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T. CLINE

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EXAMINER

COVER LETTER

то:	Registration S Division of Co		ns				
SUBJE	CT:	A	SERENA	ع_	LLC		
			Name of L	imited I	Liability Company		
The enc	losed Articles o	f Amend	nent and fee(s) are	submitt	red for filing.		
Please re	eturn alt corresp	ondence	concerning this mi	ilter to ti	he following:		
			E0	luara	Name of Person	I	
			Die	ppa	Name of Person Law firm, I Firm/Company	A	
				2095	Address h FL 33016 Address Address	ST	2010 J SECE FALLA
			H	a ka	h FL 33016		ZOIO JAN 20 SECRETARN
			E-mail addre) pa (sk: (10 be	en diepoalaw.Com	1 ation)	111
For furt	hei information	concerni	ng this matter, plea	se call:			AH ID: 49 OF STATE E. FLITAIR
					305 826 - 821	6	
	Name	of Person			at (305) 826 - 82 (Telephone Number	
Enclose	d is a check for	the follo	ving amount:				
\$25,	00 Filing Fee		0.00 Filing Fee & Certificate of Statu	s <u> </u>	[\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
		LING AI	DDRESS:		STREET/COURIE Registration Section		
Division of Cornorations			Division of Corporat	ions			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA SCRENA	2 LLC			
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our reco da Limited Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Florida document number	ry Company were filed on	and assigned		
This amendment is submitted to amend the following	; :			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and end with the	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation		
"L.L.C."		5 5 23		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	DDRESS)			
		\$5 20 \$5		
Enter new mailing address, if applicable:		5 <u>4</u> 5		
(Mailing address MAY BE A POST OFFICE BOX	2	इंग ह		
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our records, addres <u>s here:</u>	enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida s	Enter Florida street address		
	, Flo	orida		
	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

Title	Name	Address	Type of Action
n grm	ENRIQUE TERAN		Add Remove
			Add Remove
-	·		Add Remove
			Add 2
			Add Remove
 :			Add 5
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.,)
-			<u></u>
			 .
Dated	X June Signature of a member	reference darages	
	Gustava Saravia Agricce	- Rosa Mary Burgaleta de Sa or printed name of signee	o de la companya dela companya dela companya dela companya de la companya de la companya de la companya dela companya de la companya dela compan
	ជ	Page 2 of 2	State of Florida