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(Address)						
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PLEASE HARY OF STATE
ALL AHASSEE FLORING

D. BRUCE

APR 1 2010

EXAMINER

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:,	Registration S Division of Co					
SUBJE	ECT:	BEYON	ND MIAMI LLC			
		Name of Limi	ited Liability Company			
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
	GUSTAVO GAMBINO					
			Name of Person			
			Firm/Company			
		785	785 CRANDON BLVD #201		¥	
			Address		O MAR 31	44
		KE	KEY BISCAYNE, FL. 33149		35 Z	
			City/State and Zip Code		LL1<	
	GUSGAMBINO@GMAIL.COM E-mail address: (to be used for future annual report notification)					
For fur	ther information	concerning this matter, please of	•		AM M: O7 OF STATE E. FLORIDA	
		TAVO GAMBINO	ut \	31-5050		
	Name	of Person	Area Code & Daytime T	elephone Number		
Enclos	ed is a check for	the following amount:				
\$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	sed)
MAILING ADDRESS: Registration Section Division of Corporations		tration Section	STREET/COURIER Registration Section Division of Corporati			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OND MIAMI LLC			
(Name of the Limited Liability (A Florida	y Company as It now appear Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability C Florida document number L10000004429	Company were filed on	01/13/2010 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	ny," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		us s. ·		
(Principal office address MUST BE A STREET ADDI	RESS)			
		ion. Bo		
		\$\$\frac{1}{2} = \frac{1}{2}		
Enter new mailing address, if applicable:	· - · · · · · · · · · · · · · · · · · ·	ma = M		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
		A POT		
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the name of the ne		
Name of New Registered Agent:				
New Registered Office Address:		PI -1		
	Enter Florida street address			
	City	, Florida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Leonardo Iacomoni	785 Crandon Blvd #201 Key Biscavne, FL 33149 USA	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			AddRemove
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessor	10 HAR 31
			AM B: 07
Dated	March 29 ,	2010	
	·	rember or authorized representative of a member Gustavo Gambino	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00