## 10000006358

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JUL - 6 2010

EXAMINER

## **COVER LETTER**

TO:	Registration Sect Division of Corpo	ion orations	,			
SUBJE	CT:	Reef M	larketing, LLC			
			ted Liability Company			
The end	closed Articles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please 1	return all correspond	dence concerning this matter	to the following:			
			Alex Dias			
			Name of Person			
د د		-	Reef Markiting, LLC		-	
			Firm/Company			
			. ,			
8211 NW 64 Street, Unit #6			TA'S	-		
			Address	C C P R	635 (	******
Miami El 3316		Miami, FL 33166	E SA	. The elect	***************************************	
			City/State and Zip Code		-2	
					70n	1 1 April 2 1
		E-mail address: (	to be used for future annual report notification		<b>3</b>	ff
For furt	ther information con	cerning this matter, please c	call:	<b>P</b> H	2	
	Name of P		at (	whoma Marchae		
	Name of P	erson	Area Code & Daytime Tele	sphone Number		
Enclose	ed is a check for the	following amount:	1			
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$			S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is		ed)
	MAILIN	G ADDRESS:	STREET/COURIER A	ADDRESS:		

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

Reef Marke	eting, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	<b>ny as it now appe</b> a Liability Company)	rs on our records.		
The Articles of Organization for this Limited Liability Company Florida document numberL1000006358	were filed on	01/19/2010	and assi	gned
Florida document number				
This amendment is submitted to amend the following:	u.	1 }		
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Comp	any," the designation	As B	obreviation
Enter new principal offices address, if applicable:	8211 NW 64	Street, Unit#6	ेष्ट्र दें	أسالعت
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33	3166	UL -2 ETARY HASSE	destructions.
Enter new mailing address, if applicable:	8211 NW 64	Street, Unit#6	AM D. S OF STATE EF. FLOR	e and a second s
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33	3166 <sup>°</sup>	DA DA	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>ente</u>	r the name of	the new
Name of New Registered Agent:				
New Registered Office Address:	m	stan Elanida atrest s	dduara	<del></del>
	Enter Florida street address			
		, Florida _		<del>\</del>
	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
MGRM	Monteiro, Antonio		Add  Remove
MGRM	Dias, Alex M.	8211 NW 64 Street, Unit#6 Miami, FL 33166	Add ☐ Remove
PTS	Monteiro, Antonio	· :	Add Remove
PTS	Dias, Alex M.	8211 NW 64 Street, Unit#6 Miami, FL 33166	SECRETARY I
			Add  Add  Remove
D. If amendin	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if necessor	
·			
	126 , 20	10	
, - -	Signature of a member of the state of the st	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00