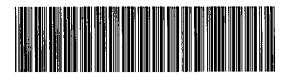
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EXAMINER

## **COVER LETTER**

TQ;	Registration So Division of Cor			٠	
SUBJECT: PRODAR, LLC					
			ted Liability Company		
			•	• .	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
	LUIS M. CABRERA				_
			Name of Person		
			PRODAR, LLC		
183			Firm/Company		<del>-</del>
			34 BRICKELL AVE. #32	70°	
Address					2010 SEP 20 SEPRETARY SEPRETARY
	MIAMI, FL 33129				P 2
City/State and Zip Code					
luis_ma@hotmail.com E-mail address: (to be used for future annual report notification)					For E
For fu	rther information o	concerning this matter, please of	•		MW: 09 EF, FLORIDA
	LUIS	M. CABRERA	at ( <u></u>	32-0784	
	Name of	of Person	Area Code & Daytime	Telephone Numbe	er ·
Enclos	sed is a check for t	he following amount:			
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	Regista Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	·

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited L</u> (A F	PRODAI iability Compar lorida Limited L	R, LLC ny as it now appears on o iability Company)	our records.)	<u></u>		
The Articles of Organization for this Limited Liab		were filed on01	1/26/2010	and assig	gned	
This amendment is submitted to amend the follow	ving:					
A. If amending name, <u>enter the new name of t</u>	he limited liab	ility company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Company," tl	_	'LLC" or the ab	breviation	
Enter new principal offices address, if applicat	ole:	1834 BRICKELL	AVE. #32	O SEP		
(Principal office address MUST BE A STREET	ADDRESS)	MIAMI, FL 33129		P 20	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0x)</u>	PO BOX 310385 MIAMI, FL 33231-	0385	OF STATE		
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, <u>enter</u>	the name of	the new	
Name of New Registered Agent:	EDGAR CA	BRERA		-		
New Registered Office Address:						
•		orida street ad				
		MIAMI , Florida		33129 Zip Code		
		City		zip Coae		

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 have by 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 = N MGRM =	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			<del></del>
			Add Remove
			Add Remove
	· 		Ø GRemove (
			ORDET SAND
			Remove
D. If amo	ending any other information, e	enter change(s) here: (Attach additional she	ets, if necessary.)
-			
-			<del></del>
-			
Dated	SEPTEMBER 13th	<u>2010</u> .	
	Signature	of a member or authorized representative of a m	emher
	Signature	LUIS M. CABRERA	cmoo.
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00