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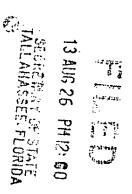
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COVER LETTER

TO: **Registration Section** Division of Corporations

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICK MOYAL

Name of Person

MOYAL ACCOUNTING SERVICES LLC

Firm/Company

10796 PINES BLVD SUITE 204

Address

PEMBROKE PINES FL 33026

City/State and Zip Code

MOYALACCOUNTING@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK MOYAL

Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee Certificate of Signis & Certified Copper

(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA CIGALE LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) illity Company)
The Articles of Organization for this Limited Liability Company we Florida document number L10000010358	ere filed on 05/18/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
7281 BISCAYNE LLC	
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
-	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
-	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	AF & 77
New Registered Office Address:	ASS Comme
	Enter Florida street address

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.

City

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** <u>Name</u> Address **Type of Action** Remove Remove Remove <u>...</u> Remove 1 26 Remove Remove

	tter change(s) here: (Attach additional sheets, if necessary.)
AMENDING NAME TO	7281 BISCAYNE LLC TO LA CIGALE LLC
	
Dated AUGUST 2	2013
	Thiery Bossa
_	f a member or authorized representative of a member
THIERRY BOSSA	,
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 AUG 26 PM 12: 01
SECRETARY OF STATE
JALLAHASSEE, FLORIDA