

L10000017405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

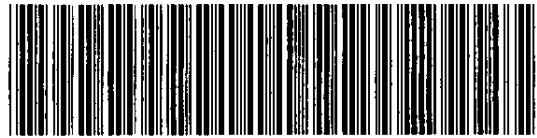
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR - 2 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4358 North Bay Road, LLC
Name of Limited Liability Company

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Nicole Corona
Name of Person

Firm/Company

1178 S. Dixie Highway #103
Address

Oral Bables FL 33146
City/State and Zip Code

Coronan28@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Corona at 305 984-8993
Name of Person Area Code & Daytime Telephone Number

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 Status & Certified Copy (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**

4358 NOAH BAY ROAD LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/16/2010 and assigned Florida document number L10000017405

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 designation "LLC" or the abbreviation "L.L.C."

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 P.O. BOX OR P.M. BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address or both together, enter the name of the new registered agent and/or the new registered office address here:

Current Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I, _____, do hereby certify that I am the registered agent of the above named company and I accept 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 filed with the Department of State, I certify that the above named company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or Managing Member being added or removed from our records:

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	CUI SOLARRAS	1172 S. Dixie Highway #103 Coral Gables, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> REMOVE
MGR	CUI SOLARRAS	1172 S. Dixie Highway #103 Coral Gables, FL 33146	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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Nicole Corona, Esq.

Typed or printed name of signee