Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000191808 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CREEKFORD, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. HAMPTON

AUG 3 0 2010

Electronic Filing Menu Corporate Filing Menu

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or		~	\mathbb{Z}_{-}
	-		2	ORPORATIONS
	EKFORD, L.L.C.			ട്ട്
(Name of the Limited Liability (A Florida	y Company as it now appear	rs on our records.)	an 	$\widetilde{\geq}$
f* p = 1 permu .	onis, real billionity Company)		63	0
The Articles of Organization for this Limited Liability C	Company were filed on	02/22/2010	and assigned	S
Florida document numberL10000020058	•			
This amendment is submitted to amend the following:				
A: If amending name, enter the now name of the lim	ited liability company he	<u>ге</u> :		•
				
The new name must be distinguishable and end with the world, L.C."	rds "Limited Liability Comp	any," the designation "I	LC" or the abbrev	iation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ress)	• • • • • • • • • • • • • • • • • • • •		_
Enter new mailing address, if applicable:	•			
(Mailing address MAY BE A POST OFFICE BOX)				
Maning numes MAT BE A FOST OFFICE BOAT				_
,	V			-
B. If smending the registered agent and/or regist	tered office address on	our records, enter t	he name of the	new
registered agent and/or the new registered office add				
Name of New Registered Agent:		•		_
New Registered Office Address:			•	
	En	ter Florida street add	rekr	
<u> </u>		, Florida		
	Cin		Tin Code	_

New Registered Agent's Signature, if changing Registered Agents

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, P.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, Stuasture of New Registered Agent

MGR - Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Manager Member being added or removed from our records;

MGRM - Managing Member Title Name Address Type of Action MGR ROSA M. CABRERA 2600 S DOUGLAS RD PH-6 ☐ Add
☐ 🖊 Remove CORAL GABLES, FL 33134 <u>MGR</u> JOSE I. PADIAL **☑** Vqq 2600 S DOUGLAS RD PH-6 Remove CORAL GABLES FL 33134 MGR CHIARA FUCCI bbA 🔽 2600 S DOUGLAS RD PH-6 CORAL GABLES FL 33134 Remove DbA [Remove ∐Ramove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 26** 2010 Dated_ Signature of a member of authorized representative of a member JOSE I. PADIAL

Typed or printed name of signes

Page 2 of 2

Filing Fee: \$25.00