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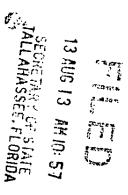
(Requestor's Name)				
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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(200, 100,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FIRST CIAGO LIMITUDINIO, LLC.
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:
Issuc behar
Name of Person
147 100 SW 107+12 Terrace.
Firm/Company
Address
Migmi, Florida 33196
INFORMIAMIP OF INVIMIMO, COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: TOGOLA BADON TOGOLA BAD
Name of Person at (100, 201-6024 55 55 55 55 55 55 55 55 55 55 55 55 55
Med Code & Baytine receptione Number 1.1
Englosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

(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 2000 and assigned

Florida document number 1000 000 1000 and assigned

Florida document number 1000 000 1000 and assigned

Florida document number 1000 000 1000 and assigned

Florida document number 1000 000 and assigned

Florida Limited Liability Company and assigned

Florida Limited Liability Company and assigned

Florida document number 1000 000 and assigned

Florida Limited Liability Company and assigned

Florida L

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

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street add

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MUR	Juan A. Rodriguez	18000 SW 128 ave	_ V Add
	v	Miami, Florida 33177	Remove
			_ ·
			Add
		•	Remove
			_
			Add
			_ Remove
		·	-
		No.	Add
		L SAF	Rêmpye
		S	ω gran
		NHASSEE. FLORIDA	Add Add
		IDA 	Remove
			_
			Add
			Remove

D. If amonding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
adding Juan A. Rodriguez to company
Dated AUGUST BOOM 19 2013
Signature of a member or authorized representative of a member
Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00

13 AUG 13 AN IO: 57
SECNOTANY OF STATE
TALLAHASSEE, FLORID