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(Requestor's Name)							
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PICK-UP	☐ WAIT	MAIL .					
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SECRETARY OF STATE
TATE ANASSEE, FLORIE

J. BRYAN

JUN 21 2010

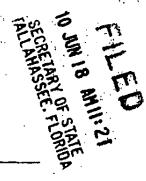
EXAMINER

COVER LETTER

	Division of Cor		•			
CHD ICC	·····	MONTERRE	Y MARKET II, LLC			
SUBJEC	·1; <u></u>	Name of Limited Liability Company				
The encio	osed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please ret	turn all correspo	ndence concerning this matter	to the following:			
		- 50-5				
			Name of Person	是是一		
			Firm/Company	TARY D		
•	<u></u>		000 BELDEVERE RD Address	E.F.S.		
		ŗ	500 BELDEVERE RD	RIGATE 21		
		 `	City/State and Zip Code	_		
		WEST	PALM BEACH, FL 33408 to be used for future annual report notification)			
For furth	er information o	oncerning this matter, please of	call:			
		NFAEL DIAZ	at (561) 436-7186 Area Code & Daytime Telephone Numb	ner		
C-alassa	d le a abank fan e	ha Galtándha managar		•		
	00 Filing Fee	he following amount:	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, cate of Status & ed Copy onal copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		ration Section on of Corporations ox 6327	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

MONTERREY MARKET II, INC
(Name of the Limited Liability Company as it now appears on our records.)



(A)	riorioa Limitoa 1	January Company)		
The Articles of Organization for this Limited Lia Florida document number		were filed on	03/25/10	and assigned
This amendment is submitted to amend the follow	wing:) 	
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company her	z :	
	N/A	\		
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Compa	nny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	N/A		
(Principal office address MUST BE A STREET	(ADDRESS)			
Enter new mailing address, if applicable:	,	N/A		
(Mailing address MAY BE A POST OFFICE E	BOX)			
B. If amending the registered agent and/o registered agent and/or the new registered of			our records, <u>enter</u>	the name of the n
Name of New Registered Agent:	N/A_			
New Registered Office Address:				
		Đ	nter Florida street ad	dress
			. Florida	
		City		Zip Code

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.

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 Type of Action Title **Address** <u>Name</u> MGR **FLORES RAFAEL** 716 W PALM AIR DRIVE POMPANO BEACH, FL 33069 √ Remove □ Add 🗖 Remove ☐ Remove ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A Signature of a member or atthorized representative of a member

Typed or printed name of signee
Page 2 of 2

RAFAEL DIAZ

Filing Fee: \$25.00