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COVER LETTER

TO:

Registration Section

 Division 	of Corporations		
SUBJECT:	AMARELIS MANAGEM	IENT, LLC	
SOBJECT:	Name of Limi	ted Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	Mayra Rojas	Name of Person	
	Legal Solution	s Group, P.L. Firm/Company	
	18305 Biscayn	e Blvd., #200 Address	2010 M
	Aventura, FL	33160 City/State and Zip Code	2010 MAY 27 AM III: 22 SECRETARY OF STATE FALL-ARASSEE, FLORID
	MRojas@Leg E-mail address: (i	alSolutionsGrp.com o be used for future annual report notification	
For further information	ation concerning this matter, please c	all:	11 22 11 22
Mayra Roja	Name of Person	at (305) 895-5699 Area Code & Daytime Telep	phone Number
Enclosed is a chec	k for the following amount:		
∑ \$25.00 Filing F	ee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
! !	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMARELIS MANAGEMENT, L		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 04-08-2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we	ords "Limited Liability Company," the designation "LL	C'or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		-T1 -TK
		25
Enter new mailing address, if applicable:		新 22
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	?SS
	, Florida	
	City	Zin 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	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action				
		_					
			Remove				
,			☐ Add				
			Remove				
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			Add Remove				
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			Remove C				
D. If amei	nding any other information, enter o	change(s) here: (Attach additional sheets, if necess	- 				
		Manager to reflect 33140 as the correct zip co					
		. ,					
_							
_							
Dated	May 24 ,	2010					
	Signature of a m	enther or authorized representative of a member					
	Marty E	·					
		Typed or printed name of signee	 				

Page 2 of 2

Filing Fee: \$25.00