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T. CLINE
MAY 1 1 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Maynada Hills, 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:		
Giselle Del Amo Name of Person		
Infante, Zumpano, Hudson & miloch, W.		
500 S. DIXIE Highway. Sufe 302	2010 MAY 10 AM 11: 17 SECRETARY OF STATE TALLAHASSEE, FLORID	-7)
Coral Gables, FL 33146 City/State and Zip Code	TARY C	
E-mail address: (to be used for future annual report notification)	SECRETARY OF STATE	بر مسوید سر _د را
For further information concerning this matter, please call:	Pr. 1	
GISEILE DELAMO at 305 503-2990. Name of Person Area Code & Daytime Telephone Number	 	
Name of Ferson Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	e of Status &	d)
MAILING ADDRESS: STREET/COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maynada H	7115,LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number $\underline{\Box 00003989}$.	y were filed on 4 13 2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		CR ST
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		O AH II: 17 RY OF STATE SEE, FLORIDA
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	, Florida , Florida	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

Title Type of Action Name **Address** Carlos A. Guajardo Remove Mami, FL 33142. Maynada Holdings, UC _ Add Remove 1717 ☐ A*dd Remove $\neg Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member CALLOS A. GATTARDO
Typed or printed name of sightee

Page 2 of 2

Filing Fee: \$25.00