

L10000043511Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ALONSO & GARCIA, P.A.
Account Number : I20020000031
Phone : (305) 448-3898
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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11 MAY -6 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SURE DESTINY, LLC**

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Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

MAY -9 2011

EXAMINER

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SURE DESTINY, LLC

(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 04/23/2010 and assigned
Florida document number L10000043511

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal office address, if applicable:

3515 NW 113 CT

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33178

Enter new mailing address, if applicable:

5805 BLUE LAGOON DR STE 200

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33126

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

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

FILED
 11 MAY -6 AM 9:20
 SECRETARY OF STATE
 ALACHUA COUNTY, FLORIDA

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	Name	Address	Type of Action
MGR	MILAGROS VILLEGAS	3515 NW 113 CT DORAL FL 33178	☒ Add ☐ Remove
MGR	MILAGROS VILLEGAS	11304 NW T1 TERRACE DORAL FL 33178	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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11 MAY -6 AM 8:28
SECRETARY OF STATE
TREASURY
CLERK

D. If amending any other information, enter change(s) here; (Attach additional sheets, if necessary.)

N/A

United

05-04-2011

2011

Signature of a member or authorized representative of a member

MILAGROS J VILLEGAS

Typed or printed name of signer