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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO:

TO: Registration Sec Division of Corp	tion porations		
SUBJECT: 907	5 SW 138 F	?) ~ / / e.	
SUBJECT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	J	
Please return all correspon	dence concerning this matter	to the following:	
	ALIAN DIAZ		
		Name of Person	
		Firm/Company	
	19853 SW 133 CT		
		Address	
	MIAMI, FL 33177	12.	
	DAIRIS@VARGASPIEDR	City/State and Zip Code RA.COM	
	E-mail address: (to be used for future annual report notifi	ication)
For further information co	ncerning this matter, please ca	all:	
		at ()	
Name of Person		Area Code Daytime	Telephone Number
			
Enclosed is a check for the \$25.00 Filing Fee	•	□ \$55.00 Pillor Pro 4	5 000 00 PW F
- \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division P.O. Bo	NG ADDRESS: tion Section a of Corporations x 6327 see, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9075 SW 138 PL I (Name of the Limited Lia (A Flo	LC bility Company as it now appears or ordinated Liability Company)	n our records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on 4-23-2	2010 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the	imited liability company here	:
N/A		
The new name must be distinguishable and contain the words "	Limited Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	a a a a a a a a a a a a a a a a a a a
<u>Principal office address MUST BE A STREET AD</u>	DRESS)	
Enter new mailing address, if applicable:	N/A	D I: S
Mailing address MAY BE A POST OFFICE BOX		DA.
 If amending the registered agent and/or registered agent and/or the new registered office a 	egistered office address on ou	ur records, <u>enter the name of the</u>
Name of New Registered Agent: N/	A	
New Registered Office Address:		·
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	DIAZ, ALIAN	19853 SW 133 CT	
		MIAMI, FL 33177	Remove
MGRM	DIAZ, SUYIN	19853 SW 133 CT	□ Add
·		MIAMI, FL 33177	■ Remove
			Change
MGRM	ASA MANAGEMENT LLC	19853 SW 133 CT	Add
		MIAMI, FL 33177	Remove
			Change
			□ Add
			Remove
			□ Change
			Add
			Remove
			Change Add Remove ORIDE ORIDE Change
			Remove

	N/A	
Effec	ve date, if other than the date of filing:(optional)	
f an ef Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed)207 I as
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