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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Alvarez, Carbonell, Cooke, Fettman, & DaSilva Pl
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sorge Carbonell Name of Person
Alvarez, Carbonell, Carre, Feltman, & DaSilva PL Firm/Company
75 Valencia Ave Address
Address
Coral Gables, FL 33134 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 510-2994 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \text{Certificate of Status} \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ (addit

MAILING ADDRESS:

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

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

(Name of the Limited	Liability Company as it now apper	ars on our records.)	
The Articles of Organization for this Limited Liab	oility Company were filed on _		d assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the Name of	_		on "L.L.C."
Enter new principal offices address, if applicab	le:	(3)	
(Principal office address MUST BE A STREET)	ADDRESS)	NOISIAIG	<i>등</i> 유 T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	 	Or con	
B. If amending the registered agent and/or registered agent and/or the new registered offic			¢Λ
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
		, Florida	
	City	Zip (Code

New Registered Agent's Signature, if changing Registered Agent:

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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 or removed from our records:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00