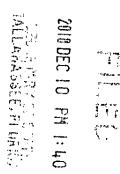
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J. SAULSBERRY EXAMINER DEC 13 2010

COVER LETTER

Division of Co	orporations				
SUBJECT:	A -BA - ME D	110			
	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	Luisa	Y. Paredes			
		Name of Person			
	CA-BA	- ME, LLC Firm/Company			
		Firm/Company	——————————————————————————————————————	2[
	6410 Roos	evelt St.			## > * # *
		evelt St. Address	22	<u> </u>	Franklinin Franklininin Franklinininininininininininininininininini
	Hoffy wood	City/State and Zip Code City/State and Zip Code Code Yahoo. Code to be used for future annual report notificat		10 B DEC 10 PM 1: 4C	1
	1.	City/State and Zip Code	المنظم ا	**	1 7
	WI Scupares: (E-mail address: (to be used for future annual report notificat	ion)	0.	
For further information	concerning this matter, please of	call:			
Luisa 1	1. Paredes	at (954) 54905,	76		
Name	of Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	_	\$55.00 Filing Fee &	\$60.00 Filing Fee,		
<u> </u>	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Sta Certified Copy (additional copy		sed)
			`		•

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

CA-BA-ME, 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 <u>04/26/20/0</u> Florida document number <u>L 100000 4446 9</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CA-BA-ME, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 6410 Roose Velt St.

Enter Florida street address

Lossy Circles

Zip Code New Registered Office Address:

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. Thereby 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 **Type of Action Title** <u>Address</u> Name 1 Miguel A. Modesti Castaneda, Carlos A Remove ☐ Add Remove ☐ Add Remove Add Kemove □Add □ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00