L1000056960

(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phon	e #)	
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OCT 8 2010 EXAMINER

COVER LETTER

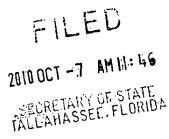
10:	Division of Corp		#9n	e:	
SUBJ	•	INVERSION	NES BAKHOS LLC	•	
30 D 31	<u> </u>		ted Liability Company		
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspor	dence concerning this matter	to the following:		
			RAOUL ODIO		
			Name of Person		
		INVE	RSIONES BAKHOS LLC		
			Firm/Company		
		4	387 NW 7th STREET		
			Address		
			MIAMI, FL 33126		
	City/State and Zip Code				
		F. mail address (aoulodio@gmail.com to be used for future annual report notifica	dan's	
For fur	ther information as	ncerning this matter, please of	•	nion)	
roriur	mer information co	nceming this matter, please c	ан:		
		OUL ODIO	at (_786_)5	537818	
	Name of	Person	Area Code & Daytime 1	Felephone Number	
Enclos	ed is a check for the	e following amount:			
\$2 5	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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



INVERSIONES BAKHOS 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 Florida document numberL1000056960	were filed on	MAY 26, 2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	ere:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	pany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:	4387 NW 7tl	n STREET	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 3	3126	
Enter new mailing address, if applicable:	4387 NW 7tl	STREET	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 3	3126	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street addre	ess
	. Florida		
	City	, FIORUS	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HERNAN ROJAS	1850 NW 87 AVENUE, # 100 DORAL, FL 33126	Add Remove
MGR	LENNIS DENIS	1850 NW 87 AVENUE, # 100 DORAL, FL 33126	∧dd ✓ Remove
MGR_	RAOUL ODIO	4387 NW 7th STREET MIAMI, FL 33126	Add Remove
	·		Add Remove
			Add Remove
-			Add Remove
D. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if necess	sary.)
			ZIIII DOCT - T
 Dated	OCTOBER 04	2010	COLSTAIL HE
	Signature of a	member or authorized representative of a member	
		RAOUL ODIO Typed or printed name of signee	

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Filing Fee: \$25.00