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To: From:	Division of Corporations Fax Number : (850)617-6383	TALLAHASSE
Enter the email Add:	Fax Number : (305)633-9696 all address for this business entity port mailings. Enter only one email	γ to be used for future address please.
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ARTIC	LES OF ORGANIZATION OF	N 2010 JUN 15 AM 8
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	MADRI, LLC	SECRETARY OF ST
(<u>Name of the Limited La</u> (A Pl	ability Company as it now appears on orida Limited Liability Company)	DUP RECORDS ALLAND
The Articles of Organization for this Limited Liabi	ility Company were filed on	06/02/2010 and assigned
Florida document numberL1000005923	• • • •	
This amendment is submitted to amend the followi	ing:	
	-	
This amendment is submitted to amend the followind. If amending name, enter the new name of the	-	
	e limited llability company here:	' the designation "LLC" or the abbreviation
A. If smending name, enter the new name of the The new name must be distinguishable and end with the	he limited liability company here: he words "Limited Liability Company,"	
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	AVENTURA City	, Florida	33180 Zip Code
New Registered Onice Address.	Enter Florida streut address		
New Registered Office Address;	2999 NE 191 STREET PH 8		
Name of New Registered Agent:	PETERS, CARLOS ALBERTO		

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.

> Page 1 of 2 HDOO1402SI

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If amending the Managers or Managing Members on our records, enter the fitte, 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
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D. If amending any other information, enter change(s) here: (Atlach additional sheets, if necessary.)

 Dated	Signature of a member of authorized representative of a member Gelo ALBEND KHEN Typed or printed name of signee Page 2 of 2	TALLAHASSEE. FLORIDA
	Fillng Fee: \$25.00	