L1000000626

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DIVISION OF CORPORATIONS

T. HAMPTON OCT 18 2010 EXAMMER

COVER LETTER

TO: Registration Section Division of Corpo							
SUBJECT:	operly MGR	Gamarka LLC ted Liability Company					
	Name of Limi	ted Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	Ka	van Cohen					
		Name of Person	-				
		Firm/Company					
	19218	Seneca Ave Address FL 33332 City/State and Zip Code					
		Address					
	Waston	FL 33332	<u></u>				
	Cohen Ko	aven 410 gmail	· com				
For further information concerning this matter, please call:							
Karen (20nen_	at 786 925-3	1879				
Name of P	erson	Area Code & Daytime 1	elephone Number				
Enclosed is a check for the	following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

PROPERTY	MGR GAMERKA,	LLC
(<u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability (Florida document numberL10000060826	Company were filed on	06/04/10 and assigned
This amendment is submitted to amend the following:		5 , 0
A. If amending name, enter the new name of the lin	nited liability company her	<u>'e</u> : on .
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	any," the designation "LLC" or the abbrevi
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	•••	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
Muning dudiess MAT BE A 1 051 011 ICE BOX		
	, ,	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		our records, enter the name of the
registered agent and/or the new registered office ad-	uress here.	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Er	ter 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	Name	Address	Type of Action		
MGRM	Mercado, Jhonny	18201 Collins Ave 3609A Synny Isles Beach, FL USA 3316	Add Remove		
MGEM	Ortega, Jose H.	10362 Canoe Brooks Cir Boca laton, FL 33498 USA	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_		
			_		
Dated	Signature of a membe	or or authorized representative of a member	VISTON OF COL		
		or printed name of signee	OF STATE		
		Page 2 of 2	5		
	F	filing Fee: \$25.00	3		