L10000062067

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C. LEWIS

JUL 1 9 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT:	Gru	po 904 LLC				
		nited Liability Company				
The enclosed Artic	eles of Amendment and fee(s) are su	abmitted for filing.				
Please return all co	rrespondence concerning this matte	er to the following:				
	C	Carmen M. Peters, CPA Name of Person				
		•				
	Fernand	ez-Bergnes & Associates, P Firm/Company	2.A			
		Titin/Company				
	74	490 West Flagler Street				
		Address				
		Miami, FL 33144				
		City/State and Zip Code				
	E-mail address:	ernandez@affbcpa.com (to be used for future annual report notifi	cation)			
For further informa	ation concerning this matter, please	call:				
Ca	rmen M Peters, CPA	at (305)	648-7100			
N	lame of Person	Area Code & Daytime	e Telephone Number			
Enclosed is a check for the following amount:						
✓]\$25.00 Filing Fe	ce \$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)			
R D P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Fallahassee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32.	n ations nter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 JUL 16 AH H: 12

(<u>Name of the Limited Liabilit</u> (A Florida	rupo 904 LLC y Company as it now appea Limited Liability Company)	rs on our records.)	SECRETARY OF STATE (LLAHA SSEE, FLORID
The Articles of Organization for this Limited Liability (Florida document number L10000062067		00/40/004	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	nited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
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 undress MAT BE A POST OFFICE BOA	<u> </u>		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter 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 = Man MGRM = M	nager anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	JESUS URDANETA	175 SW 7 STREET # 2118 Miami, FL 33130	Add Remove
MGRM	JESUS URDANETA	175 SW 7 STREET # 2118 Miami, FL 33130	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	y.)
	7 7 .	10	ZOIN JUL 16 AM I
Dated	Signature/of a mem	abor or authorized representative of a member	YOF SIAIE
	2	Carmen M. Peters sed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00