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Office Use Only

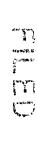


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T. CLINE
OCT - 9 2012
EXAMINER

2112 OCT -8 ANTIX (.)
SECRETARY OF STATE
ALLAHASSEE, FLORIDA



COVER LETTER

TO:

TO:	Registration Sect Division of Corpo					
SUBJE	CT:	BELAIRE 110	INVESTMENT LLC			
20241		Name of Limi	ted Liability Company			
The enc	losed Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspond	dence concerning this matter	to the following:			
		JOI	RGE RAUL MARTINEZ Name of Person			
		BELAIF	RE 110 INVESTMENT LL	.C		
			Firm/Company			
		294	5 NE 185TH ST #1410 Address			
		A	VENTURA, FL 33180			
		avolt	City/State and Zip Code Deachrealty@gmail.com			
		E-mail address: (1	o be used for future annual report no	tification)		
For furt	her information con	cerning this matter, please c	all:		2812 201 850 85 17 120 21 180	
	SERGIO	VINOGRAD	at (786)	285-4663		
	Name of P	erson	Area Code & Dayt	ime Telephone Number		2
Enclose	d is a check for the	following amount:				
□\$2 5.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	ng F ec , e of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELAI (<u>Name of the Limited</u> (A	RE 110 IN' Liability Compa Florida Limited I	VESTMENT LL ony as it now appears (Liability Company)	On our records.)			
The Articles of Organization for this Limited Lia Florida document number L10000062		were filed on	04-26-2012	and assign	ned	
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	oility company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Company	," the designation "	LLC" or the abb	 reviation	
Enter new principal offices address, if applica	2945 NE 185TH ST # 1410 - AVENTURA - FL					
(Principal office address MUST BE A STREET	(ADDRESS)	33180	······			
		**************************************		空間 8		
Enter new mailing address, if applicable:		2945 NE 185TH		송출 VENTURA -	FL	
(Mailing address MAY BE A POST OFFICE E	33180	101111110 7	<u> </u>	,, va., vg,		
	- G12/					
B. If amending the registered agent and/o registered agent and/or the new registered off			records, enter	the name of t	<u>he new</u>	
Name of New Registered Agent:	JORGE RAUL MARTINEZ					
New Registered Office Address:	2945 NE 18	35TH ST # 1410				
	Enter Florida street address					
	VENTURA	, Florida	33180			
		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>	<u>Name</u>	Address	Type of Action
MGR_	JAVIER VINOGRAD	9569 NEW WATERFORD CV DELRAY BEACH - EL 33446	Add Remove
MGR	SERGIO D VINOGRAD	9569 NEW WATERFORD CV DELRAY BEACH - FL 33446	Add ☑ Remove
MGRM	JORGE RAUL MARTINEZ	2945 NE 185TH ST # 1410 AVENTURA - FL 33180	Add Remove
MGRM	MIRTHA N GARCIA	2945 NE 185TH ST # 1410 AVENTURA - FL 33180	✓ Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	, r	S-120
		Va	
Dated	,	——————————————————————————————————————	
	JA	or or authorized representative of a member VIER VINOGRAD d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00