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2010 OCT 28 AM 10: 33

O. LEW 5 OCT 2 9 2010 EXAMINER

COVER LETTER TO: Registration Section **Division of Corporations** Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Carlos GiliESG CAREOS APOIL, P.A. 3910 WEST FLAGLER STREET MIAMI, FLORIDA 33134 City/State and Zip Code For further information concerning this matter, please call: Enclosed is a check for the following amount: 5.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy 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:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 OCT 28 AM 10: 83

TOVERSIONES N (Name of the Limited Lia)	MHQ , LLC bility Company as it now appe	SECRETARY OF STATE ARS ON OUR PECOND	
(A Flo	ity Company were filed on	MC 10,2010 and assigned	
The Articles of Organization for this Limited Liabil Florida document number 272836498	3 - L 100000	02627	
This amendment is submitted to amend the following	ıg:		
A. If amending name, <u>enter the new name of the</u>	limited liability company he	<u>ere</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	: 		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
			
B. If amending the registered agent and/or r registered agent and/or the new registered office	•	our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_	City	, Florida Zip Code	
	Cuy	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

MGRW -	- wianaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>ugr</u>	Lizardo JHONATAN Mata	0553 NW 110 PL Mianai. FL 33178	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
+			Add Remove
D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			77 77
			ZOIN OCT 20 TALLAHASSE
Dated	OCTOBER 27. 201	<u>0</u> .	20 AND
	Signature of a member o	r authorized representative of a member	300

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00