

L100000066368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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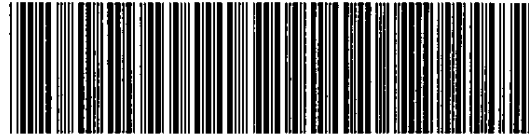
Special Instructions to Filing Officer:

A. LUNT

AUG 26 2010

EXAMINER

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08/25/10--01005--014 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 AUG 25 PM 2:59

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3009 VICEROY LLC  
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:

Jamie Tarich

Name of Person

Blaxberg, Grayson & Kukoff, P.A.

Firm/Company

25 SE 2nd Avenue, Suite 730

Address

Miami, FL 33131

City/State and Zip Code

tarich@blaxgray.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Tarich

Name of Person

at ( 305 )

381-7979 ext. 330

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 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

2010 AUG 25 PM 2:59  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

3009 VICEROY LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2010 AUG 25 PM 2:59  
CLERK OF THE CIRCUIT COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 22, 2010 and assigned  
Florida document number L10000066368.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Gustavo Gambino

New Registered Office Address:

785 Crandon Blvd., Suite 201

*Enter Florida street address*

Key Biscayne

Florida

33149

*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

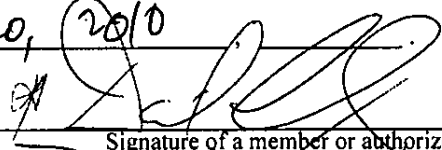
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Raquel Fernandez		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	David Fernandez		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GUSTAVO GAMBINO	785 CRANDON BLVD SUITE 201 Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 20, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
DAVID FERNANDEZ, (Former) Managing Member.  
\_\_\_\_\_  
Typed or printed name of signee