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JEGARLARY OF STATE

D. BRUCE
DEC 23 2010
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporation	s						
SUBJE	CT: _	3009 \	/ICEROY, LLC					
			ited Liability Company					
	osed Articles of Amendm							
Please re	turn all correspondence c	oncerning this matte	r to the following:					
	<u></u>		Alvaro Castillo					
			Name of Person					
			Castillo & Associates					
			Firm/Company					
	1390 Brickell Avenue, Suite 200							
			Address					
		·	Miami, FL 33131					
			City/State and Zip Code					
		E-mail oddrown	alcapa@aol.com to be used for future annual rep		_	• .		
			-	ort notification)		É	70	
For furth	er information concerning	this matter, please of	call:				DEC	1
	Alvaro Ca	stillo	at (305)	371-5	540	ARY SSE	22	Platery Sharpey S
	Name of Person		Area Code &	Daytime Teleph	one Number	OF STA	PH 4:46	M
Enclosed	is a check for the followi	ng amount:				IDA DA	Ō	
▼ \$25.0		00 Filing Fee & crtificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en		\$60.00 Filin Certificate Certified C (additional	of Status Copy		:d)
	MAILING ADE	RESS:	STREET/O	OURIER AD	DRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3009 \	/ICEROY, LLC					
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appomited Liability Company	ears on our records)	<u>s.</u>)			
The Articles of Organization for this Limited Liability Company were filed on				assigned		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	ed liability company h	ere:				
The new name must be distinguishable and end with the word: "L.L.C."	s "Limited Liability Com	pany," the designati	ion "LLC" or th	e abbreviation		
Enter new principal offices address, if applicable:			es pa *SH			
(Principal office address MUST BE A STREET ADDRE	(SS) 1390 Bricke	II Avenue, Suit	e 200 💆			
	Miami, Flori	da 33131)EC	""		
Enter new mailing address, if applicable:			22 PI ARY OF SSEE.			
(Mailing address MAY BE A POST OFFICE BOX)	1390 Bricke	1390 Brickell Avenue, Suite 200 🛨 🚺				
	Miami, Flori	da 33131	<u> </u>			
	ss here: Castillo B., P.A. Brickell Avenue, Sui	te 200		of the new		
		Inter Florida streei		04		
	Miami City	, Florida	a331 Zip Co			
New Registered Agent's Signature, if changing Registered			2 ,p = 0	uc.		
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	complete performand nt as provided for in C office address, I herel	of my duties, an hapter 608, F.S.	d I am familid Or, if this do	ar with and cument is		

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

7 . .

<u>Title</u>	Name	Address	Type of Action
MGRM	Gustavo Gambino	785 Crandon Blvd. Key Biscayne, Florida 33149	_ Add Remove
MGR	Ferdinando Masciotta	1390 Brickell Avenue Suite 200 Miami, Florida 33131	✓ Add ☐ Remove
			Add Remove
			Add Remove
			_∏Add _∏Remove
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		A YASSEE, F STA	R M
Dated	December , 2010	/	h: 46
	Signature of a member or	authorized representative of a member	
-		avo Gambino	
	Typed or i	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00