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11 JUN 28 AN 11: 24
SECRETARY OF STATE
ALLAHASSEE, FLORBA

N. Culligan JUN 2 9 2011

## **COVER LETTER**

TO: Registration Sect Division of Corpo	
suвјест: <u>Ag</u> i	n & Burgos, LLC  Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	Gabriel Burgos Name of Person
	Burgos & Brein
	Firm/Company
	555 Winderley Place Suite 300
	Maitland, FL 32751  City/State and Zip Code
	City/State and Zip Code  Info@agin and burgos. Com  E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
Gabriel	Burgos at (407) 571-6909  Area Code & Daytime Telephone Number
Name of F	erson Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		11 JUN 28 AM [1:24
Agin & Burge (Name of the Limited Liability Compa (A Florida Limited)	05, LLC	SECRETARY OF STATE n out All ASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	y were filed on	24/2010 and assigned
Florida document number <u>LI 0000067656</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Burgos & Brein, LL The new name must be distinguishable and end with the words "Lim "L.L.C."		
Enter new principal offices address, if applicable:	(SAN	ME) 11nder ley Place Suite 30 d, FL 32751
(Principal office address MUST BE A STREET ADDRESS)	_555 W	1 inder ley Place Suite 30
	Maitlan	d, FL 32751
	((,,,,	- 1
Enter new mailing address, if applicable:	(SAME	nderley Place Suite 300 1, F2 32751
(Mailing address MAY BE A POST OFFICE BOX)	555 W	nderley place Suite Sou
	Maitland	1, 12 32751
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.		records, enter the name of the new
	,	
Name of New Registered Agent:	N-1	<del>\( \)</del>
New Registered Office Address:	Fritar	Florida street address
	Enter	
	City	, Florida Ziv Code
	J.1.7	24,000

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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<del></del>		Add Remove
		<u> </u>	Add Remove
			AddRemove
	·		Add Remove
<del></del>			AddRemove
D. If amer	nding any other information	, enter change(s) here: (Attach additional sheet	VE) ARREASS
_		VII every the the san	ng Step 5
Dated			
	Gabri	Typed or printed name of signee	nber

Page 2 of 2

Filing Fee: \$25.00