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J. SAULSBERRY EXAMINER

OCT 18 2010

COVER LETTER

	ion Section of Corporations		
SUBJECT:	All Miami Condo's LLC		
	Name of Limited Liability Company		
	eles of Amendment and fee(s) are submitted for filing.		
	Philip J. Spiegelman		
	Name of Person		
	All Miami Condo's LLC		
	Firm/Company	Yeung [*]	
	2875 NE 191 St., Ste 200		
	Address	AND	T
	Aventura, FL 33180	SSEE SSEE	
	City/State and Zip Code	E PH	m
	info@intlsalesgroup.com E-mail address: (to be used for future annual report notification)	2010 OCT 15 PM 1:56 SECRETARY OF STATE ALLAHASSEE FLORIDA	لسب
For further informa	ation concerning this matter, please call:	i. o	
	Philip J. Spiegelman at (305) 931-6511		
N	Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check	s for the following amount:		
\$25.00 Filing Fe	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &	sed)
R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314 Callahassee, FL 32314 Callahassee, FL 32301 Callahassee, FL 32301 Callahassee, FL 32301 Callahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Miami	Condos, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appear ed Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on	07/12/2010	and assigned
Florida document number L10000073293			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:		ASSE	TAR T
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	<u> </u>
			= D
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter t	<u> </u>
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	ress
		. Florida	
	City	, Fiorida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ricardo Estrazulas	2875 NE 191 St. Ste 200 Aventura, FL 33180	Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
.			AddRemove %
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necess	OUR OCT
			IS PH 1:56
Dated	September 28	2010 Hillelm	
	Signature of a men	Philip J. Spiegelman ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00