

**L10000074122**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : AMBAR DIAZ, P.A.  
Account Number : I20110000016  
Phone : (305) 476-8100  
Fax Number : (305) 476-8788

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: david.rey@treew.com

FILED  
11 JUN 23 AM 9:04  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TREEW, LLC**

Certificate of Status	0
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Page Count	01
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**D. BRUCE**

JUN 24 2011

**EXAMINER**

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

(((H11000165921 3)))

**TO: Registration Section  
Division of Corporations****SUBJECT: TREEW, 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:

**AMBAR DIAZ, ESQ.**

Name of Person

**AMBAR DIAZ, P.A.**

Firm/Company

**782 NW 42 AVE SUITE 434**

Address

**MIAMI, FL 33126**

City/State and Zip Code

**david.rey@treew.com**

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

For further information concerning this matter, please call:

**AMBAR DIAZ**

Name of Person

at ( **305** )**476-8100**

Area Code &amp; 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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H11000165921 3)))

**TREEW, LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 07/14/2010 and assigned  
Florida document number L10000074122.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

N/A

**(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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:

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MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	REY PONCE, JOSE DAVID	4545 NW 7 ST., SUITE 13 MIAMI FL 33126 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	QUEVEDO PONCE, ANIB/	4545 NW 7 ST., SUITE 13 MIAMI FL 33126 US	<input type="checkbox"/> Add <input checked="" 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

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

Dated June 22, 2011

Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF COURT  
ALABAMA  
JUN 23 2011

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