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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MAS TAX AND ACCOUNTING INC.

Account Number : I20080000059 Phone : (305)227-7210

Fax Number : (305)227-4240

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

Orn

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIENTOS DEL SUR LLC

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D. BRUCE

SEP 27 2010

EXAMINER

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Corporate Filing Menu

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COVER LETTER

TO:	Registration Sec Division of Corp					
30B0EC::		DEL SUR LLC				
		Amendment and foe(s) are sub	_			
			ADA ESTRADA			
			Name of Person			
		MAS TAX &	ACCOUNTING SERVICE	E, INC		
			Firm/Company			
		142	263 SW 42ND STREET		SE SE	
			Address	:	NA SE	
			MIAMI, FL 33175		SEP 24 CRETARY LAHASSI	7
			City/State and Zip Code		m – C	
		MASTAXA E-mail address: (i	CCOUNTING@YAHOO.	COM tification)	AH 9: 5 OF STAT E. FLORI	5
For fur	ther information co	oncerning this matter, please o	all:		ATE RIDA	
	ADA	ESTRADA	at (305)	227-7210		
	Name of	Person		ime Telephone Number		
Enclose	ed is a check for th	e following amount:				
	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified (of Status &	
			· :			
	Registra Divisio P.O. Bo	ing ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	oorations		

Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

VIENTOS DE				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL10000079280	· · · · · · · · · · · · · · · · · · ·		and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here	;		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compar	y," the designation "L		viation
Enter new principal offices address, if applicable:			IO SE	<u></u>
(Principal office address MUST BE A STREET ADDRESS)			P 24 E 14 R H A 5 S	
	<u> </u>			画
Enter new mailing address, if applicable:			<u> </u>	$\underline{\mathbf{O}}$
(Muiling address MAY BE A POST OFFICE BOX)	, , , , , , , , , , , , , , , , , , , ,	ATE RIDA		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on ou e:	ur records, <u>enter t</u>	he name of th	e new
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	er Florida street add	ress	-
	, 	, Florida		
No. But and the state of the st	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance o provided for in Che	f my duties, and I a apter 608, F.S. Or,	m familiar wit if this documer	h and

62:81 6002-b1-d3S

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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:

MGRM = Managing Member **Title** <u>Name</u> Address Type of Action MGR ADRIANA D BAVASSO 180 NE 12 AVE APT 17 C HALLANDALE BEACH, EL 33009. **JORGE SELLENG** MGR 180 NE 12 AVE APT 17 C 🛛 Add HALLANDALE BEACH, FL 33009 Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) w Signature of a member or authorized representative of a member FERNANDO LLANEZA Typed or printed name of signee Page 2 of 2

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MGR = Manager