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COVER LETTER

TO: Registration Section of Corp	
SUBJECT: PLA	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	ISIS ISABEI
	Name of Person
	H & T TAX Firm/Company
	Firm/Company
	7758 NW 44TH ST
	Address
	SUNRISE FL 33351 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
TSis	ISABE a(954) 600 - 5801
Name of I	Person Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

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08/02/2010 and assigned The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number <u>L 1000</u>00 8 0 8 76 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) 8322 NW Enter new mailing address, if applicable: (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:		
New Registered Office Address:	Enter Fl	orida 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

1famending 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 = N	MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			<u>—</u>		
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			Add		
			Add Remove		
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa			
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 			PII 12: 28 PII 12: 28 FLORIDA		
		er or authorized representative of a member			
		ARDO GUEVARA			