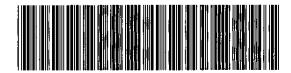
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
. (Document Number)
•
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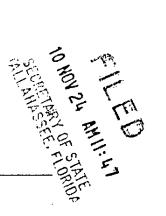
10 NOV 24 AM II: 47
SECRETARY OF STATE

J. BRYAN
NOV 2 9 2010
EXAMINER

COVER LETTER

Division of Co			
SUBJECT:	2501 \	/ICEROY LLC	
SUBJECT:	Name of Lim		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		JUAN C. ACOSTA	
		Name of Person	# # -
		ISKANDER INC.	10 NOV 24 AM 11: 47 SECRETARY OF STATE ALLAHASSEE, FLORID
		Firm/Company	72 F
	201 S BI	SCAYNE BLVD 28TH FLOOR	SEE SEE
		Address	75 = 7
		MIAMI, FL 33131	PATE ORID
		City/State and Zip Code	₹5
	jcac E-mail address: (osta@iskander-inc.com to be used for future annual report notificati	ion)
For further information	concerning this matter, please	•	
Ju	an C. Acosta	at (305) 43	3-7295
Name of Person		Area Code & Daytime Te	elephone 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)	S60.00 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 Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2501 VICEROY 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 Lia	were filed on	8/4/2010	and assigned					
Florida document numberL10000081564								
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 "L.L.C."	the words "Limi	ted Liability Company,	'the designation "L	LC" or the abbreviation				
Enter new principal offices address, if applica	485 BRICKELL AVE.							
(Principal office address MUST BE A STREET	UNIT 2501							
	MIAMI, FL 33131							
Enter new mailing address, if applicable:	485 BRICKELL AVE.							
(Mailing address MAY BE A POST OFFICE B	UNIT 2501							
	MIAMI, FL 33131							
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter t	he name of the new				
Name of New Registered Agent:	ISKANDER	SKANDER INC.						
New Registered Office Address: 201 S BISCAYNE BLVD 28TH FLOOR								
	Enter Florida street address							
		MIAMI	, Florida	33131				
	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

Page 1 of 2

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 = Manager

MGRM - Managing Member Type of Action Title <u>Name</u> <u>Address</u> MGR ISKANDER INC. 201 S BISCAYNE BLVD **✓** Add 28TH FLOOR MIAMI, FL 33131 Remove JUAN C. ACOSTA MGR 201 S BISCAYNE BLVD **✓** Add Remove 28TH_FLOOR_ MIAMI, FL 33131 □ Add Remove ∏ Add Remove Remove DPV Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NEW ADDRESS OF MGRM (STICHTING ADMINISTRATIEKANTOOR MACLENAN INVESTMENTS): 485 BRICKELL AVE, UNIT 2501, MIAMI, FL 33131 **NOVEMBER 19** 2010 Dated . Signature of a member of adthorized representative of a member INDRA VILCHEZ

> Typed or printed name of signee Page 2 of 2

> > Filing Fee: \$25.00