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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	CERTIFIED Name of Limit	IHIO LLC ed Liability Company	
The enclosed Articles o	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BELKIS	SERRA TA Name of Person	
		Firm/Company	
		PE CORAL PKWY Address	<u>#9</u>
		City/State and Zip Code OR! OA INVESTMENTS - LOM obe used for future annual report notificat	
For further information	E-mail address: (to concerning this matter, please ea		ion)
BEL KIS Name	SCRRATA of Person	at (<u>305)</u> 305 - 52 5 Area Code & Daytime To	elephone Number
Enclosed is a check for	the following amount:		
20 \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CERTIFIED	IMMO LLC
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) iited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L. 1.00000</u> 82 766.	npany were filed on OS/06/2010 and assigned
This amendment is submitted to amend the following:	
amending name, enter the new name of the limited liability company here: A rew name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation of the principal office address, if applicable: Correct	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	621. E. CAPE CORAL PKWY
(Principal office address MUST BE A STREET ADDRES	SS) SUITE S
Enter new mailing address, if applicable:	621. E. CAPE CORAL PKWY
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 3
	CAPE CORAL, FL, 33 JOY
	ed office address on our records, enter the name of the nev
New Registered Office Address: 62-1	E. CAPE CORAL PKWY, SUITE S Enter Florida street address
CAPE	Cin: . Florida 33504
New Registered Agent's Signature, if changing Registered A	
	·

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MUR	NERBION FERMIN	621 E. CARECORAL PKWY	Add
	,	SVITE B	Remove
		CAPE CONAL, FL, 33904	
MIR	LEONIDAS ROMAN	1915 SAWS SOUCH BLVO	Add
		NONTH MIAMI, FL, 33181	Remove
			Add
			Remove
			3 FEB 20 Add Remove
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Filing Fee: \$25.00