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SECRETARY OF STATE
ALL AHASSEE F. STATE

D. BRUCE

SEP 1 3 2010

EXAMINER

COVER LETTER

TO:	Registration So Division of Co							
SUBJE	ርፕ٠	OUR ALLIES L.L.C.						
301312		Name of Limi	ited Liability Comp	any				
The enc	closed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please r	eturn all correspo	ondence concerning this matter	to the following:					
		ERNESTO A	RGUELLO					
			Name of Perso	м				
		OUR ALLIES	L.L.C.					
			Firm/Compan	•				
		4779 Collins	Avenue, Apt 2107					
			Address					
		Miami Beact	·					
		dorievana1/	City/State and Zip @gmail.com	Code		******		
				nnual report notificati	on)	ALC C	<u></u>	
For furt	her information c	concerning this matter, please o	call:			AHA AHA	SEP 10	-
Ęn	nesto Arguello		at (_ 305	359-5251		ARY SSE	0	F
	Name c	of Person	Arc	a Code & Daytime Te	lephone Number	E.FL	SEP 10 PM 2:	
Enclose	ed is a check for t	he following amount:					 આ 20	
[25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Co (additional)		\$60.00 Filing Certificate of Certified Co (additional of	Fee, of Status &		
		ING ADDRESS:		REET/COURIER gistration Section	ADDRESS:			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUR ALLIES L.L.C.			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appe I Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on _	08/11/2010	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company h	<u>ere</u> :	
The new name must be distinguishable and end with the words "Li"L.L.C."	mited Liability Con	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			FILED SEP 10 PH 2: 38 AHASSEE FLORID
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		1 our records, <u>enter</u>	, S
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street a	ddress
	City	, Florida _	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:

MGR = Manager MGRM = Managing Member

	<u>Name</u>	<u>Address</u>	Type of Action
MĢRM	MAXIME PIERRE	4779 Collins Ave, apt. 2107	⊘ Add
		Miami Beach, Fl 33140	Remove
<u>. </u>			
			Remove
			Add
			Remove
D. If amen	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if neces	
D. If amend	ling any other information, enter ch		
D. If amend — — — —	ling any other information, enter ch		sary.)
			sary.)
		ange(s) here: (Attach additional sheets, if neces	sary.)
D. If amend			

Page 2 of 2

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