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SECKETARY OF STATE
TALLAHASSEF FINAL

D. BRUCE

OCT 1 2010

EXAMINER

# **COVER LETTER**

Division of	Corporations							
SUBJECT:	Name of Limited Liability Company							
Name of Limited Liability Company								
The enclosed Article	s of Amendment and fee(s) are submitted for filing.							
Please return all corre	espondence concerning this matter to the following:							
	NATIANA MARANTE							
	Name of Person							
	Name of Person  ADAMANTIUM ELEVEN, LLC  Firm/Company							
	Firm/Company							
	Address  MIAMI FI 33178  City/State and Zip Code  TTO D. 1 D Not-mail. Comp.  E-mail address: (to be used for future annual report notification)							
	Address							
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	City/State and Zip Code							
	rtap.1 @ notmail.com.							
	E-mail address: (to be used for future annual report notification)							
For further information	on concerning this matter, please call:							
	781 000 01118 W							
NATTARLA	MARANTE at ( )							
Nar	me of Person Area Code & Daytime Telephone Number							
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F 1 1: 1 1								
Enclosed is a check I	or the following amount:							
\$25.00 Filing Fee	E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  APRIL 1786 999 999 999 999 9999 9999 9999 9999							
	(							

### MAILING ADDRESS:

TO:

**Registration Section** 

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

ADAMANTIUM	ELEVERY, 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 Liability Company of Florida document number 420000873	were filed on $\frac{08/19/10}{28}$ and assigned							
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liabil	licable							
The new name must be distinguishable and end with the words "Limit "L.L.C."								
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6020 NW 99 Ave. Ste # 209 Miami F1 33178							
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6020 NW 99 AVC. Ste # 709 Midmi, FI 33178							
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here								
Name of New Registered Agent:	TALLER A							
New Registered Office Address:	Enter Florida street address 2							
	City Florida Zin Code							
New Registered Agent's Signature, if changing Registered Agent:	SAIE DORID							

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 = Ma MGRM = N	nager Aanaging Member					
<u>Title</u>	Name CA	Address 6	020 NW tr 209 IAMI IF(3	994ue	Type of Act	ion Charac
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D. If amend	ding any other information, enter	change(s) here: (Attach	additional sheets, i	(necessary.)	<del></del> .·	
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		Typed or printed name of	signee			

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Filing Fee: \$25.00