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SECRETARY OF STATE

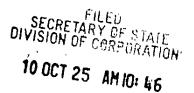
## **COVER LETTER**

то:	Registration Sec Division of Corp			
SUBJI	ECT:	10340 CC	OURTSIDE, LLC	
			ed Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	·
Please	return all correspor	ndence concerning this matter	to the following:	
	ALVARO CASTILLO			
CA			TILLO & ASSOCIAT	ES
			Firm/Company	
1390 Brickell Avenue Suite 200			200	
			Address	
		1	Miami Florida 33131	
			City/State and Zip Code	
alcapa@aol.com  E-mail address: (to be used for future annual report notification)				ort notification)
For fu	rther information co	oncerning this matter, please c	all:	
	Alv	aro Castillo	at ( <u>305</u> )	371-5540
Name of Person		Person	Area Code &	Daytime Telephone Number
Enclos	sed is a check for th	e following amount:		•
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Centified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra	NG ADDRESS: ation Section n of Corporations ox 6327	Registratio	Corporations

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



10340 COL	JRTSIDE, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appeared Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa	iny were filed on	08/24/2010	and assigned
Florida document numberL10000088997			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company her	<u>·e</u> :	
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Compa	any," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:	MANUS 1820 11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(Principal office address MUST BE A STREET ADDRESS)			
T			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	lress
	D.		
	City	, Florida	Zin 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Roberto D. Naparstek	1390 Brickell Avenue Suite 200 Miami Florida 33131	Add Remove
MGR	Alvaro Castillo	1390 Brickell Avenue Suite 200 Miami Florida 33131	✓ Add Remove
			Add
			Add Remove
<del></del>			AddRemove
			Add Remove
D. If amen	iding any other information, enter cl	nange(s) here: (Attach additional sheets, if necessar	ry.)
- - - /-			SECRETARY OF CORN  10 OCT 25 AP
Dated	October 21	2010 .	RPGRATION
	Signature of a me	mber or authorized representative of a member	
	T	ALVARO CASTILLO  yped or printed name of signee	
		yped or printed name or signed	

Page 2 of 2

Filing Fee: \$25.00