L10000091755

	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UI	P WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
:	FEB - 5 2013;					
S. TONER						

Office Use Only



800244213418

02/04/13--01035--024 ** **\$0.00**



COVER LETTER

TO: Registration Section

Division of Corporations

RIECT Endarco Express LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Enderiz Juan P

Name of Person

Firm/Company

2301 Collins Av unit 903

Address

Miami Beach FI 33189

City/State and Zip Code

jpenderiz@ares.enderiz.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guillermo Contreras

_{...}786 \2531128

Name of Person

Area Code & Daytime Telephone 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)

Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TÓ ARTICLES OF ORGANIZATION **OF**

FILED

13 FEB -4 PM 5: 08

Endarco E	coress	L	LC
-----------	--------	---	----

ELANTAN & STATE (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	ability Company	were filed on 09	/01/2010	and assigned
Florida document number L10000091755				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>re</u> :	
EWWL SERVICES LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE)	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4995 Nw 79 Av suite 112 Doral FI 33166		
B. If amending the registered agent and/or registered agent and/or the new registered of	_		our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	N/A			·
New Registered Office Address:			•	
<u> </u>		Enter Florida street address		
·		, Florida		
		City		Zip Code
New Registered Agent's Signature, if changing R	egistered 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 **Type of Action Title** Name <u>Address</u> N/A Remove Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional s	heets, if necessary.)
IANILIA DV OF 2012	
Dated JANUARY 25 2013	,
Signature of a member or authorized representative of a Juan P Enderiz	member
Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 3 of 3

Filing Fee: \$25.00