

L1000092909

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : JIM SIERRA & ASSOCIATES
 Account Number : 110677000356
 Phone : (305)271-7310
 Fax Number : (305)271-4422

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIS - MARKET INFORMATION SYSTEM, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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C. LEWIS

MAY 19 2011

EXAMINER



May 19, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MIS - MARKET INFORMATION SYSTEM, LLC
4155 NE 30TH STREET
HOMESTEAD, FL 33033US

SUBJECT: MIS - MARKET INFORMATION SYSTEM, LLC
REF: L10000092909

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: E11000133013
Letter Number: 511A00012402

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIS-MARKET INFORMATION SYSTEM, 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:

JOAO AUGUSTO BIRKHAN

Name of Person

MIS-MARKET INFORMATION SYSTEM, LLC

Firm/Company

4155 NE 30TH ST

Address

HOMESTEAD FL 33033

City/State and Zip Code

jbirkhan@centrograos.com.br

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

For further information concerning this matter, please call:

JOAO AUGUSTO BIRKHAN

Name of Person

at (305)

247-3156

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) \$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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2011 MAY 18 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MIS-MARKET INFORMATION SYSTEM, 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 were filed on 09/03/2010 and assigned
Florida document number L10000092909

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JIM SIERRA

New Registered Office Address:

5550 SW 87 AVE

Enter Florida street address

MIAMI

Florida

33165

City

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

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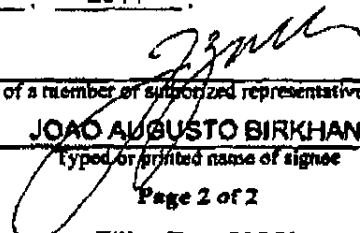
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Claudia Felavigna	4155 NE 30TH ST HOMESTEAD FL 33033	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Joao Augusto Birkhan	4155 NE 30TH ST HOMESTEAD FL 33033	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. (If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MAY 16 2011


 Signature of a member or authorized representative of a member
JOAO AUGUSTO BIRKHAN
 (typed or printed name of signee)

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Filing Fee: \$25.00

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