Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BLANCO ACCOUNTING I, INC.

Account Number : I20100000060

: (305)828-1148

Phone Pax Number

: (305)828-1709

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

| mail: | Addrese | | |
|-------|---------|--|--|

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **NEW CITY INVESTMENTS LLC**

| Certificate of Status | 0 |
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09/23/10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NE | W CITY INVESTMENT | LLC | | | |
|---|---|------------------------------|----------------------|--|--|
| (Name of the Limite | d Liability Company as it now as A Florida Limited Liability Compa | opears on our records.) | | | |
| The Articles of Organization for this Limited Florida document numberL1000009 | | 09/23/2010 | and assigned | | |
| 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 w | rith the words "Limited Liability Co | ompany," the designation | m - | | |
| Enter new principal offices address, if appli | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of | /or registered office address | on our records, <u>enter</u> | the name of the new | | |
| Name of New Registered Agent: | LUIS A VIDAL | · | | | |
| New Registered Office Address: | 4186 STAGHORN LN | | | | |
| New Registered Criter Funders. | Enter Florida street address | | | | |
| | WESTON | , Florida | 33331 | | |
| | City | - | Zip Code | | |
| New Registered Agent's Signature, if changing | Registered Agent: | | | | |
| I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg | proper and complete performa | nce of my duties, and I | am familiar with and | | |

If Changing Registered Agent, Signature of New Registered Agent

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

MGRM = Managing Member Type of Action **Address** Title <u>Name</u> GIUSEPPINA DEL DUCA **MGR √** Add 4186 STAGHORN LN WESTON FL 33331 Remove MGRM LUIS A VIDAL ✓ Add 4186 STAGHORN LN WESTON EL 33331 Remove MGRM **EDUARDO VIDAL** 4186 STAGHORN LN ✓ Add WESTON FL 33331 ☐ Remove Add Remove Add = Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 23 2010 Dated Signature of a member or authorized representative of a member LUIS A VIDAL Typed or printed name of signce

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MGR = Manager