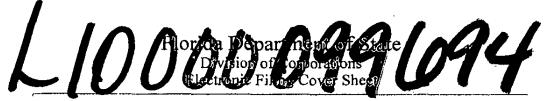
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : JORGE SALCEDO H. ESO.

Account Number : I20100000021 Phone : (305)777-2681 Fax Number

: (305)777-2670

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

Email	Address:			
rmdii	WOOTERS:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SISTER IN THREE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

D. BRUCE

OCT 13 2010

EXAMINER

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IN THREE LLC		
(Name of the Limited Liability (A Florida L	Company as it now appimited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Co Florida document numberL10000099694	ompany were filed on _	October 12, 2010 and as	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company h	ere:	
SISTERS	S IN THREE LLC		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Com	pany," the designation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:		F.	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	55	2
		A H	
		SSEX	5
Enter new mailing address, if applicable:		m _{cs} a	
(Mailing address MAY BE A POST OFFICE BOX)		Fs c	
		DRID C	71
	•	➣	•
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, enter the name	of the new
			
Name of New Registered Agent:			
New Registered Office Address:			
	E	Inter Florida street address	
	, Florida		
	City	Zip Cod	le

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.

MGR = Manager

3057772670

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 = Ma	naging Member		
Title	Name	Address	Type of Action
MGR	Erika Palacio	1627 SW 37 AVE STE 904 MIAMI, FL 33145	Add ☑ Remove
MGR_	Sabrina Palacio	1627 SW 37 AVE STE 904 MIAMI, FL 33145	☐ Add ☑ Remove
MGR_	Erika Palacios	1627 SW 37 AVE STE 904 MIAMI, FL 33145	Add Remove
MGR	Maria Sabrina Palacios	1627 SW 37 AVE STE 904 MIAMI, FL 33145	Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	10 OCT 12 SEURETARY
			AH 8: SE
Dated	October 12 , 2010		
		authorized representative of a member	
_		rgé Salcedo printed name of signee	;
	Typed Of	human mine or signee	

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Filing Fee: \$25.00