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## **COVER LETTER**

ŤΟ:

Tallahassee, FL 32314

r̀ο:		stration Section of Corp						
SUBJE	ECT:	AMER	RICAN OPPORTUN	IITY REGIONAL C	ENTER,	LLC		
			Name of Limi	ted Liability Company				
			Amendment and fee(s) are sub	-				
Please	return a	ll correspor	ndence concerning this matter	to the following:				
			1	<del></del>				
				Name of Person				
				BRINGABOUT, INC.				
				Firm/Company				
6205 BLUE			6205 BL	JE LAGOON DR. SU	ITE 130			
				Address				
				MIAMI, FL 33126				
			18.15	City/State and Zip Code	10			
			E-mail address: (	O@BRINGABOUT.U to be used for future annual rep	ort notification)			
For fur	ther inf	ormation co	oncerning this matter, please o	all:				
		RAFA	EL MENDIBLE	at ( 305 )	655-1	1589		
		Name of	Person	Area Code &	Daytime Teleph	hone Number		
Enclos	ed is a o	heck for the	e following amount:					
	5.00 Fili		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		Registra	NG ADDRESS: ation Section n of Corporations x 6327	Registration	Corporations	DDRESS:		

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

## AMERICAN OPPORTUNITY REGIONAL CENTER, 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 Liab Florida document number		9/27/2010	and assigned
This amendment is submitted to amend the follow	ving:		,
A. If amending name, enter the new name of t	he limited liability company her	r <u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Better)  B. If amending the registered agent and/or registered agent and/or the new registered office.	registered office address on	our records, <u>enter t</u>	he name of the new
		g-44	des.
Name of New Registered Agent:	***		
New Registered Office Address:		Ž	
	. En	nter Florida street add E	ess _
	City	, Florida 💆	ST. Code
New Registered Agent's Signature, if changing Re	ř	Nei No	SZip Gode 55

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 **Type of Action Title** <u>Name</u> <u>Address</u> MGRM MENDIBLE, RAFAEL 6205 BLUE LAGOON DR. SUITE 130 MIAMI FL 33126 US **∇** Remove FRAZZETTA, SALVADOR MGRM 6205 BLUE LAGOON DR. SUITE 130 ✓ Remove MIAMI FL 33126 US MGRM SALAZAR, ALBERTO 6205 BLUE LAGOON DR. SUITE 130 Add MIAMLEL 33126 US MGR MENDIBLE, RAFAEL 6205 BLUE LAGOON DR. SUITE 130 7 Add MIAMI FL 33126 US Remove MGR FRAZZETTA, SALVADOR √Add 6205 BLUE LAGOON DR. SUITE 130 Remove MIAMI FL 33126 US  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 1 2010 Dated Signature of a member or authorized representative of a member RAFAEL MENDIBLE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00