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L. SELLERS

DEC 1.8 2010

EXAMINER

Office Use Only



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Arriaga Holdings, 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:			
Leffrey Kaplan Name of Person Arriaga Holdings, LLC Firm/Company			
Arriaga Holdings, LLC			
12417 Hidden Brook Dr. Address			
Tampa FL 33624 City/State and Zip Code			
jeff@ Shopinswanceonline.Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Jeff Kaplan at 813 789 - 4713 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount: \$\sum_{\text{\$\text{\$\text{S55.00 Filing Fee}}}} \sum_{\text{\$\$\}\$\$			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arriaga t	Holdings, 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 Florida document number	. t			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	- Sept O Laws			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new			
Name of New Registered Agent: Jeffr	ey W. Kaplan 12417 Hidden Brook M. Enter Florida street address			
New Registered Office Address: (Same)	12417 Hidden Brook M.			
Tan	pa			
Now Posterior I American I American	City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	//			
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	ete performance of my duties, and I am familiar with and rovided for in Chapter 608, F.S. Or, if this document is			

Page 1 of 2

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 <u>Title</u> <u>Name</u> <u>Address</u> Anton Remove Remove Tampa FL ∏Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00