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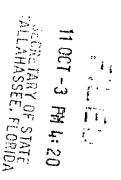
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D. BRUCE

OCT 4 2011

EXAMMER

COVER LETTER

Division of Co					
SUBJECT:	EL MIED	0,40			
		ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Jona	THAN FERRER			
		Name of Person			
	E	MIEDO, UC Firm/Company			
	20113	INDIAN ROSEWOOD	DRIVE		
	TAME	PA FL 33647 City/State and Zip Code		A 8	
	F-mail address:	City/State and Zip Code (M) Ca FC M · COM to be used for future annual report notifica	ition)	I -3 PM IARY OF ASSEE, F	
For further information	concerning this matter, please of	all:			
JONATH	AN FERRER	at (813) 44843	37	20 RIDA	
Name	of Person	Area Code & Daytime	Celephone Number	•	
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	osed)
MATI	INC ADDDESS.	STDFFT/CAUDIF	D A DDDFSS.		

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

	MIEDO,		
(Name of the Limited L (A F	orida Limited Li	y as it now appears on ou ability Company)	r records.)
The Articles of Organization for this Limited Liab Florida document number		were filed on	20 200 and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	<u>ne limited liabil</u>	ity company here:	
NIA			
The new name must be distinguishable and end with t "L.L.C."	he words "Limite	ed Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	N/A	
(Principal office address MUST BE A STREET.	ADDRESS)		
			<u> </u>
			ARY G
Enter new mailing address, if applicable:		NA	mo a in
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		C 4 ()
			30 70
B. If amending the registered agent and/or registered agent and/or the new registered office			ords, <u>enter the name of the new</u>
Name of New Registered Agent:	NIA		
New Registered Office Address:	NIA		
		Enter Flor	ida street address
			_, Florida
		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

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

<u>itle</u>	<u>Name</u>	Address	Type of Action
M6F	JONATHAN FERRER	20113 INDIAN POSE 4000 DI TAMPA, FL 33647	Add Remove
**********			Add Remove
aara artistooyan armatooriina			Add Remove
·			Add Remove
			Add Remove
<u>_</u>			Add Remove
). If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
		LLAHASSEE, F	
 	SEPTENBER 27M PO	ORIDA	4:20
	Mir	r authorized representative of a member	
	Luist	•	

Page 2 of 2

Filing Fee: \$25.00