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T. HAMPTON

NUV = 4 2011

EXAMINER

COVER LETTER

SUBJECT:							
	Name of Limited Liability Company						
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.					
Please return all correspond	lence concerning this matter	to the following:					
	JANICE CAYON						
		Name of Person					
	WORLDWIDE CORPORATE ADMINISTRATORS LLC						
		Firm/Company					
	2330 PONCE DE LEON BLVD						
	Address						
	CORAL GABLES, FL 33134						
		City/State and Zip Code					
		N@FLORIDACPA.COM					
	E-mail address: (to be used for future annual report notification)						
For further information con	cerning this matter, please c	all:					
JANICE CAYON		at (305)	444-8800				
Name of Person Area Code & Daytime Telephone Number							
Enclosed is a check for the	following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

FILED

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PADF	ON INTERI	<u>NATIONAL LL</u>	<u>.C</u>	TARY DE STATE	
(Name of the Limited) (A	Liability Compar Florida Limited L	<u>iy as it now appears</u> iability Company)	on our records. Al	ASSEE, FLORIDA	
The Articles of Organization for this Limited Lis Florida document number L10000120	ability Company			and assigned	
This amendment is submitted to amend the follo A. If amending name, enter the new name of	_	ility company here	:		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compan	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		92 SW 3rd Street Suite 2212			
(Principal office address MUST BE A STREE)	(ADDRESS)	Miami, FL 33130			
Enter new mailing address, if applicable:		15922 SW 63r			
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 331	93	<u> </u>	
B. If amending the registered agent and/oregistered agent and/or the new registered off	ice address here	<u>:</u>		he name of the new	
Name of New Registered Agent:	Worldwide Corporate Administrators LLC				
New Registered Office Address:	2330 Ponce De Leon Blvd Suite 201 Enter Florida street address				
			er ruoriaa sireet aaai		
	Co	oral Gables	, Florida	33134	
		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.

Changing Registered Agent, Signature of New Registered Age

Page 1 of 2

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ines Del Carmen Padron	15922 SW 63 Terrace Miami, FL 33193	✓ Add Remove
			Add Remove
			C Damesta
			Add Remove
			Add Remove
	<u> </u>		AddRemove
D. If am	nending any other information, enter	change(s) here: (Attach additional sheets, if	necessary.)
	ADD - The Employer Identificat		FILED 2011 NOV -3 AM 11: SEURGIARY OF STALLAMASSEE, FLO
Dated	October 26	2011 .	RIDA 58
	Signature of a n	Cut. ember or authorized representative of a member	
		Joanth C. Padron	
		Typed or printed name of signee	