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(Document Number)				
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COVER LETTER

τ <mark>ο</mark> :	Registration Section Division of Corporations	
SUBJ	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Daniel Rabio Sanchez Name of Person	
	MIA REPOSILLO Firm/Company	
	Address	endiger.
	Hialeah, FL 33013 City/State and Zip Code MDAREPOS LLC & GMAJL COM E-mail address: (to be used for future annual report notification)	Ţ
For fu	ther information concerning this matter, please call:	
<u></u>	Name of Person Sanchez at (954) 350-4630 Area Code & Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
⊠ \$25	00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional copy	

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

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	EUTROA	,	, ,		
(<u>Name of the Limited L</u> (A F	iability Company Iorida Limited Lia	as it now appears on o bility Company)	ur records.)	8	Li.
The Articles of Organization for this Limited Liab	oility Company w	ere filed on 12/	01/2010	and assig	gned
Florida document number <u>L100001233</u>	74 .			Sire of	7 ,
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	he limited liabili	ty company here:			
MIA REPOS, LL					
The new name must be distinguishable and end with the "L.L.C."	the words "Limited	d Liability Company," th	ne designation "	LLC" or the ab	breviation
Enter new principal offices address, if applicab	ole:	5600 E	east 8	th Ave	•
(Principal office address MUST BE A STREET	ADDRESS)	Hialeah), FL	33013	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	5600 Eas Hialeah	st 8th ,FL	Ave 38013	
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our re	cords, <u>enter</u>	the name of	the new
Name of New Registered Agent:	Annual .		 		
New Registered Office Address:	<u>5600</u>	East 8	orida street ado	NO.	
	Hia	eah	, Florida	33-01	3
		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 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 = ! MGRM :	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add
			Remove
<u></u>			
			Add Remove
			Romove
			Add Add
D. If amo	ending any other information, en	ter change(s) here: (Attach additional sheets, if nec	ressary.)
-			·
-			
Dated	March 21	2012	
	Signature of	a member of authorized representative of a member,	
	Daniel	Fabio Sanche Typed or printed name of signee	<u>ez</u>

Page 2 of 2

Filing Fee: \$25.00