L10000125438

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
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EXAMINER						

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2012 HAY -2 AH 1: 89 SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

, , <u>to</u>:

TÒ:	Registration Solvision of Co					
SUBJI	ECT:					
0020						
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			Eduardo Ruano			
			Name of Person			
		Se	rber & Associates, P.A.			
			Firm/Company			22
2875			NE 191 Street, Suite 801		A	17 H/
			Address		15. A	2012 HAY -2
			Aventura FL 33180			·
			City/State and Zip Code			
er@			r@serberlawfirm.com to be used for future annual report notificat	ion	LORIO	
For fu	rther information	concerning this matter, please of	·	.011)	•	
	Ed	luardo Ruano	at (305) 93	326262		
	Name	of Person	Area Code & Daytime T	elephone Number		
Enclos	sed is a check for	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
MAILING ADDRESS: Registration Section Division of Corporations		tration Section	STREET/COURIER Registration Section Division of Corporati			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMU	INA CAK, LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appearmited Liability Company)	irs on our records.		
(********				
The Articles of Organization for this Limited Liability Co	ompany were filed on	12/07/2010	and assigned	
Florida document numberL10000125438	_ ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company he	ere:		
•				
The new name must be distinguishable and end with the word	ds "Limited Liability Comp	pany," the designation '	'LLC" or the abbreviation	
"L.L.C."				
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)	· · · · · · · · · · · · · · · · · · ·	7	
			SSE Z	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			58 - 7	
			ට් ග	
	 .		<u> </u>	
B. If amending the registered agent and/or regist		our records, enter	the name of the new	
registered agent and/or the new registered office addi	ress here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida 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

MGRM = Managing Member Type of Action **Address** <u>Title</u> <u>Name</u> MGR Carlos Casarez 2875 NE 191 Street, Suite 801 ☐ Add Aventura El. 33180 🔽 Remove 5 & A COMPANY Management 2875 NE 191 Street, Suite 801 WC Aventura El, 33180 MGR ✓ Add Remove ☐ Add Remove Remove Remove 9 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 27 2012 Dated_ Signature of a member or authorized representative of a member LORENA FELDINAY. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00