

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000005506 3)))



H110000055063ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

Certificate of Status Certified Copy Page Count

Estimated Charge

## G. MCLEOD

JAN - 7 2011

Electronic Filing Menu G. MCLEO He

EXAMINER

0

03

\$25.00

JAN - 6

PM I:

1

SEE, FLORID

RECEIVED

11 JAN -6

SECRE TALLAN

01/;06/2011 15:51	3052201440	LAZARUS .	PAGE 02/03	
•		0 0 0 5 5 0 6 F AMENDMENT		
, · ·		ТО		
<b>3</b> *		ORGANIZATIO	<b>4</b> (1)	
		OF	·	
	PROSEA! In Name of the Limited Liability Com			
	(Name of the Limited Liability Com (A Florida Limite	•	1 .	
The Articles of Organizat	tion for this Limited Liability Compa	ny were filed on	22/2010 and assigned	
This amendment is subm	itted to amend the following:			
A. If amending name, o	nter the new name of the limited li	ability company here	· · ·	
	with the second state of the military is	Romer company nois.		
The new name must be dist "L.L.C."	inguishable and end with the words "Li	mited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offi	ces address, if applicable:	<u></u>		
(Principal office address	MUST BE A STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	P 13	
Enter new mailing addr	ess, if applicable:			
Mailing address MAY B	<u>E A POST OFFICE BOX)</u>	<u> </u>		
	,	- <u></u>		
B. If amonding the re	gistered agent and/or registered	office address on our	records, enter the name of the new	
registereo agent and/or	the new registered office address h	<u>ere</u> :		
Name of New R	egistered Agent:			
New Registered	Office Address:			
		Enter Florida street address		
		2314 -	, Florida	
Now Designed American	an and the Land and the second	City	Zip Code	
incw registered Agent's Si	gnature, if changing Registered Ager	<u>IC:</u>		

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

Page 1 of 2

H11000005506

#### H11000005506

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

1.

<u>Title</u>	Name	Address	Type of Action		
MGR	MANUEL PENA SUAREZ	10026 NW 6th st PEMBLOKE PINES F 3302	Add Remove		
	Nelson Euclides Fonsect		Add Remove		
Mar	Liliana Campas Mede	1/14 10085 NW 6 th 5/ 20085 NW 6 th 5/ 2008 08 4 2005 11 33 074	Add		
	·		Add Remove		
			Add Remove		
	·····		Add Remove		
D. Ifame	nding any other information, enter change(s	) here: (Attach additional sheets, if necessary.)	-		
			-		
			-		
Dated <u></u>	Signature of a mentioned	augui 3 sutherized representative of a member			
	DANIE	TAULE QUI rinted name of signee			
Page 2 of 2					

### H11000005506