L11000001248

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700210440897

07/29/11--01030--004 **25.00

SEURE JANGE STATE TALLAHASSEE, FLORIDA

B. BOSTICK
'AUG 1 2011
EXAMINER

COVER LETTER

то:	Registration Sec Division of Corp	tion orations		•
SUBJI	ECT:			
0000			CION EXITO,LLC and Liability Company	
The en	nclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		JOSE [DE ABREU GONCALVES	
			Name of Person	1. (C. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		005		
		CORI	PORACION EXITO,LLC Firm/Company	
٠			rum/Company	
		201 S. I	BISCAYNE BLVD STE 905	
			Address	
			NUANUEL 00404	
		,	MIAMI,FL 33131 City/State and Zip Code	\overline{A}_{S}
		HEAL	•	
		E-mail address: (to	ENEZ7139@ATT.NET o be used for future annual report notification)	1 JUL 29
For fu	orther information co	oncerning this matter, please ca	ali:	1 1 1 b
	JOSE A DE A	ABREU GONCALVES	at (305) 947-0	304
	Name of		Area Code & Daytime Teleph	one Number RIDE 55
Enclo	sed is a check for th	e following amount:		
₹ \$2	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)]\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		N EXIIO,LL		<u>-</u>		
(<u>Name of the Limited</u> (A	Florida Limited L	Liability Company)	<u> 15 01 041 1 001 051</u>	r		
The Articles of Organization for this Limited L	iability Company	were filed on	JANUARY 04,2	:011 a	nd assi	igned
Florida document number L1100000						
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	oility company he	<u>re</u> :			
	N/A	\				
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Comp	pany," the designation	on "LLC"	or the a	bbreviation
Enter new principal offices address, if applic	able:	N/A			<u>.</u>	
(Principal office address MUST BE A STREE	ET ADDRESS)	N/A				
,	•	N/A		TAIS.		
				L C		_
Enter new mailing address, if applicable:		13448 BISC	AYNE BLVD.	美元	\subseteq	77
(Mailing address MAY BE A POST OFFICE		MI BEACH,FL	33181	63	- Year range	
				115	70	1 1
						`
B. If amending the registered agent and			our records, ent			f the nev
registered agent and/or the new registered o	ffice address her	<u>re</u> :		A	Ο,	
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A		<u> </u>			···
•		E	Inter Florida street	'address		
·		N/A	, Florid:	a	N/A	
		City		Zi	p Code	8

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:

	Manager = Managing Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	JOSE A DE ABREU GONC	19501 W COUNTRY CLUB DR. AVENTURA FL 33181	✓ Add ☐ Remove
MGR	GIOCONDA PEREIRA BL	201 S BISCAYNE BLVD, STE 905 MIAML FL 33131	Add Add Remove
			ACCEPTAGE AND AC
			Add Remove
			Add Remove
			Add Remove
D. If ar	DEAR SIRS,HERE PLEASE FIND A	ge(s) here: (Attach additional sheets, if necessar ATTACHED AN AMENDMENT TO THE ENTED TO YOUR OFFICE ON JULY 1	·
		E NAME OF THE MENBER(MGR)THIS	
	NAME WILL NO LONGER BE UND	ER THIS RESIGNATION, THE NEW AR	RTICL
	OF ORGANOZATION ARE PRESE	NTED TO YOUR.THANK YOU.	
Dated _	JULY 25 ,2	011	
	Sien's	llino	
	y	er of authorized representative of a member	
		DE ABREU GONCALVES d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00