## L11000005935

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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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SECRETARY OF STATIONS DIVISION OF CURPORATIONS

## **COVER LETTER**

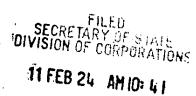
TO:	Registration Secti Division of Corpo				
SUBJI	ECT:	LA SAUCEDA	HOLDINGS, LLC.		
			ed Liability Company		
The en	closed Articles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please	return all correspond	ence concerning this matter t	o the following:		
		ANTONI	O CESAR CANO-GO	MEZ	
			Name of Person		
		•••	Firm/Company		
		300 S. BIS	300 S. BISCAYNE BLVD. SUITE 2114		
			Address		
		MIA	AMI, FLORIDA 33131 City/State and Zip Code		
		tono	cano@hotmail.com	notification)	
For fur	ther information con	cerning this matter, please ca		·: ;;	
H	HUTTONIO C	CANO-Gomez	at ( 305 )	807-1049	
<i>[</i> -/-	Name of P	erson	Area Code & D	aytime Telephone Numbe	r ,
Enclos	ed is a check for the	following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	losed) Certified	ite of Status &
		G ADDRESS: on Section	STREET/CO Registration S	DURIER ADDRESS: Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LA SA	AUCEDA HOLDINGS, LI	_C.								
(Name of the Limited (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)								
The Articles of Organization for this Limited Lia	ability Company were filed on	01/13/2011	and assigned							
Florida document number L11000005	935									
This amendment is submitted to amend the follo	wing:		·							
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :								
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Comp	any," the designation "LI	.C" or the abbreviation							
Enter new principal offices address, if applica	able:									
(Principal office address MUST BE A STREE	(Principal office address MUST BE A STREET ADDRESS)									
		<del></del>								
Enter new mailing address, if applicable:										
(Mailing address MAY BE A POST OFFICE)	<u></u>									
B. If amending the registered agent and/or the new registered of		our records, <u>enter th</u>	ne name of the new							
Name of New Registered Agent: ANTONIO CESAR CANO-GOMEZ										
New Registered Office Address:	New Registered Office Address: 300 S. BISCAYNE BLVD., SUITE 2114									
	Enter Florida street address									
	MIAMI	, Florida	33131							
	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:

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MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
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	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
		ge(s) here: (Attach additional sheets, if necessary.)	<del></del>
_		THE MGRM ALBERTO C CANO GOMEZ	
<u>-</u>	SHOULD READ ALBERTO CANO	AND THAT IS IT.	SECRETARY OF COMP
Dated	FEBRUARY 17 , 2	CANO- 6	ORATIONS ORATIONS
	Signature of a memb	er or authorized representative of a member	<del></del>
		O CESAR CANO-GOMEZ	
	Туре	ed or printed name of signee	

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Filing Fee: \$25.00