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SCORETARY OF SUME

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T. CLINE
FEB - 1 2011

EXAMINER

COVER LETTER

TO: Registration Division of C					
SUBJECT:	MARIANO FIR Name of Limi	ST LLC ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	EDUARDO	Name of Person			
	DIEPPA	FIRM PA Firm/Company			
	2095 W	76 ST Address			
	HIALEAH	FL 33016 City/State and Zip Code			
•	EDIE PPA (A E-mail address: (1	FL 33016 City/State and Zip Code DIEPPALAW, Corrobe used for future annual report notification)	<u>и</u>	To 20	
For further information	concerning this matter, please c	• • • • • • • • • • • • • • • • • • • •	. ДПА О	ZIII JAN 31	ALPHANE S
EDJAN DO Name	E. DIE-PRA TI-	at (305) & 26 & 266 Area Code & Daytime Teleph	ione Number		
Enclosed is a check for	the following amount:			, fu	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing For Certificate of Certified Copy (additional co	Status &)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARIAND FI	RST LLC				
MARIAND FI (Name of the Limited Liability (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)			
`		1 /			
The Articles of Organization for this Limited Liability	Company were filed on	124/2001 a	nd assigned		
Florida document number 2 11 0000 6	9689				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company here:	:			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company	y," the designation "LLC" o	or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)				
		TP (0	52		
Enter new mailing address, if applicable:		7 (7)			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	C) yearan		
Truthing undress may be at OST OFFICE BOA		्रा <u>र</u>	jempia;		
			<u> </u>		
B. If amending the registered agent and/or regis	starad affice address on au	r records onter the ne	ma of the new		
registered agent and/or the new registered office add		p records, enter the ma	inecor the new		
1	.				
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	Enter	r Florida street address			
	· ·				
	City	, Florida	Code		
	<i>0,</i>	Σιp			

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

<u>Title</u>	Name		<u>Address</u>			Туре	of Action
MGR	HEBER	T ARRIOC	4 9031 miam	SW 11 FL	57REET 33174	A A	dd emove
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	<u> </u>					A	dd emove
	_						emove
						Ad Re	d- "I
							man }
D. If ar	mending any other in	formation, ente	er change(s) here: (Attac	h additiona	l sheets, if necess	con :	
Dated	JANUARY	25	2011	(grander)			
		Signature of a	member or authorized repr	resentative of	a member		
			Mariano Cosenti	no			
			Typed or printed name of	signee			

Page 2 of 2

Filing Fee: \$25.00