## 11000012150

| (Requestor's Name)                      | _      |
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| (Address)                               | —      |
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| (Address)                               |        |
| (1847-086)                              |        |
|                                         | _      |
| (City/State/Zip/Phone #)                |        |
| PICK-UP WAIT MAIL                       |        |
|                                         |        |
| (Business Entity Name)                  | —      |
|                                         |        |
| (Document Number)                       |        |
| (Dodament value)                        |        |
|                                         |        |
| Certified Copies Certificates of Status | —      |
|                                         |        |
| Special Instructions to Filing Officer: | $\neg$ |
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## **COVER LETTER**

| TO: Registration S<br>Division of Co |                                             |                                                                                                 |                                                                      |
|--------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| SUBJECT:                             | RIGHT                                       | REMODE UN 6 ed Liability Company                                                                | , <b>८८</b>                                                          |
|                                      | Name of Limit                               | ed Liability Company                                                                            | · · · · · · · · · · · · · · · · · · ·                                |
| The enclosed Articles of             | Amendment and fee(s) are sub                | mitted for filing.                                                                              |                                                                      |
| Please return all correspondent      | ondence concerning this matter              | to the following:                                                                               |                                                                      |
|                                      |                                             | Name of Person                                                                                  |                                                                      |
|                                      |                                             | Name of Person                                                                                  |                                                                      |
|                                      | R16H                                        | REHUBELING ,L                                                                                   | 4                                                                    |
|                                      |                                             | Firm/Company                                                                                    |                                                                      |
|                                      | P.O. Box                                    | × 557937                                                                                        |                                                                      |
|                                      |                                             | Address                                                                                         |                                                                      |
|                                      | н                                           | City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code | :55                                                                  |
|                                      |                                             | City/State and Zip Code                                                                         |                                                                      |
|                                      | Hbbjassoc                                   | cutes @ Live. com                                                                               | 0                                                                    |
| For further information of           | concerning this matter, please ca           |                                                                                                 | oor notification)                                                    |
| Rogelis                              | Guerra<br>of Person                         | at ( <u>776)</u> 59                                                                             | 12- 2219                                                             |
| Name o                               | of Person                                   | Area Code &                                                                                     | à Daytime Telephone Number                                           |
| Enclosed is a check for t            | <u>-</u>                                    |                                                                                                 |                                                                      |
| \$25.00 Filing Fee                   | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is e                                      | Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2012 DEC 21 PH 3: 11

SECRETARY OF STATE
TALLAHASSEE ELOPIDA

| <u> </u>                                                                                                                                                                                                                                                                                                                         | · ALLAHASSEE, PLUKIDA                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| RIGHT REMOECIA<br>(Name of the Limited Liability Company<br>(A Florida Limited Liability Company)                                                                                                                                                                                                                                | very as it now appears on our records.) bility Company)                                                         |
| The Articles of Organization for this Limited Liability Company v                                                                                                                                                                                                                                                                |                                                                                                                 |
| Florida document number <u>L 110000 12 150</u>                                                                                                                                                                                                                                                                                   |                                                                                                                 |
| This amendment is submitted to amend the following:                                                                                                                                                                                                                                                                              |                                                                                                                 |
| A. If amending name, enter the new name of the limited liabil                                                                                                                                                                                                                                                                    | ty company here:                                                                                                |
| The new name must be distinguishable and end with the words "Limite "L.L.C."                                                                                                                                                                                                                                                     | d Liability Company," the designation "LLC" or the abbreviation                                                 |
| Enter new principal offices address, if applicable:                                                                                                                                                                                                                                                                              |                                                                                                                 |
| (Principal office address MUST BE A STREET ADDRESS)                                                                                                                                                                                                                                                                              | n/a                                                                                                             |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                            | n /.                                                                                                            |
| AMALING MATERIAL OF FICE BOX)                                                                                                                                                                                                                                                                                                    | 7/2                                                                                                             |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:                                                                                                                                                                                                     | ce address on our records, enter the name of the new                                                            |
| Name of New Registered Agent:                                                                                                                                                                                                                                                                                                    | n/a                                                                                                             |
| New Registered Office Address:                                                                                                                                                                                                                                                                                                   |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                  | Enter Florida street address                                                                                    |
|                                                                                                                                                                                                                                                                                                                                  | , Florida<br>City Zip Code                                                                                      |
| New Registered Agent's Signature, if changing Registered Agent:                                                                                                                                                                                                                                                                  | City Zip Code                                                                                                   |
| I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.  If Change | te performance of my duties, and I am familiar with and ovided for in Chapter 608, F.S. Or, if this document is |

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 **Title** <u>Name</u> **Address Type of Action** Jose Luis Ltaif 7310 SW 36 St, HIAMI FE 33155 CEOMGRM Jose Lis Haif P.O. Box 55 79 37, Mari Fr 33255 V Add Remove 12778 SW 226 TER, HOMENRAD, P. MGRM Rogelis Guerra Remove Add Remove Remove

| ). If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |  |  |  |  |  |
|----------|------------------------------------------------------------------------------------------------|--|--|--|--|--|
| •        | Please change FEI/EIN NULLBER FROM: 650957332                                                  |  |  |  |  |  |
|          | THANK YOU                                                                                      |  |  |  |  |  |
|          |                                                                                                |  |  |  |  |  |
|          |                                                                                                |  |  |  |  |  |
| ated     | December 12, 2012.                                                                             |  |  |  |  |  |
|          | Janeir Sum                                                                                     |  |  |  |  |  |
|          | Signature of a member or authorized representative of a member                                 |  |  |  |  |  |
|          | Typed or printed name of signee                                                                |  |  |  |  |  |
|          | Page 3 of 3                                                                                    |  |  |  |  |  |

Filing Fee: \$25.00

SECRETARY OF STATE