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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

MAR - 2 2011

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Fun In Miami Concierge, LLC. | |
| Name of Limited Liability Company | 2 1 |
| | 黄二 |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | 温して |
| Please return all correspondence concerning this matter to the following: | SECTION OF THE PERSON OF THE P |
| Nora Rojas Name of Person | ORIOF TORIOF |
| | |
| Fun In Miami Concierge, LLC | |
| Firm/Company | |
| 221 Meridian Ave., Suite 303 | |
| Address | |
| Miani Beach II 33139 | |
| | |
| E-mail address: (to be used for future annual report notification) | |
| | |
| For further information concerning this matter, please call: | |
| Nora Rojas at 786 488-7745 | |
| Name of Person Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\ \times \\$30.00 Filing Fee \\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ \text{(additional copy} \\ (additiona | atus & |

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

| | 11 Concierge, LLC | | |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------|--|
| (Name of the Limited Liat (A Flor | bility Company as it now appears on our recording Limited Liability Company) | rds.) | |
| The Articles of Organization for this Limited Liabili Florida document number <u>LIIOOO13</u> | ity Company were filed on 2/2/11 | Cand signed | |
| This amendment is submitted to amend the followin | g: | 70, | |
| A. If amending name, enter the new name of the | limited liability company here: | SEC. | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liability Company," the design | nation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable | | | |
| (Principal office address MUST BE A STREET A | DDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | <u> </u> | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | egistered office address on our records, address here: | enter the name of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| _ | , Flo | rida | |
| _ | 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| MGRM = M | lanaging Member | | |
|--------------|---------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Rod Gutierrez | 13783 SW 124 Ave. Rd. Miami, FL 33186 | Add Remove |
| | , | | Add Remove |
| | | | AddRemove |
| | <u> </u> | | Add Remove |
| | | | Add Remove |
| | | | Permove |
| D. If amend | ling any other information, enter cha | inge(s) here: (Attach additional sheets, if necessa | ILED -1 PH 1:04 ARY OF STATE VSSEE, FLORID |
| | | | |
| Dated | 7cb.24, 2 | 20/1 | |
| | Nora | ber or authorized representative of a member | |
| | Тур | ped or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00