L11000015536

| (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: | | | | | |
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Office Use Only



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SECRETARY OF STA

D. BRUCE
MAR 8 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2011

HUGO WARNANT 650 WEST AVENUE #2902 MIAMI BEACH, FL 33139

SUBJECT: PRAMOND, LLC Ref. Number: L11000015536

We have received your document for PRAMOND, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 511A00003522

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COVER LETTER

| TO: | Registration Section Division of Corporations | • |
|--------------|---|-------|
| SUBJ | DO AMONIO 110 | |
| The e | nclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please | e return all correspondence concerning this matter to the following: | |
| | Hugo Warmant Name of Person | |
| | Firm/Company | |
| | 650 West Avenue #2902 | |
| | Miami Beach 1 FL, 33139 City/State and Zip Code | |
| | Hugomia @ amail (m E-mail address: (to be used for future annual report notification) | η |
| For fu | rther information concerning this matter, please call: | 17 |
| | THUYO WOUNDAND TO SALE HOLD Y 196 FO SALE | 5 |
| | Name of Person Area Code & Daytime Telephone Number > | |
| Enclos | sed is a check for the following amount: | |
| \$ 2: | 5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{S60.00 Filing Fee, } \text{Certificate of Status & \text{Certified Copy } \tex | nsed) |

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

| PRAMOND, LLC | | |
|--|---|--|
| (Name of the Limited Liability Compai (A Florida Limited L | ny as it now appears on cliability Company) | our records.) |
| The Articles of Organization for this Limited Liability Company | were filed on 02 - | 07-201) and assigned |
| Florida document number 1 11 0000 5536 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and end with the words "Limit" L.L.C." | ted Liability Company," t | he designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | P (- |
| (Principal office address MUST BE A STREET ADDRESS) | | ₹ ₹ T |
| | | ASS |
| | | E P |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | RACE 20 |
| | | <i>></i> |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | ecords, <u>enter the name of the new</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | · · · · · · · · · · · · · · · · · · · |
| | Enter Fl | orida street address |
| | | , Florida |
| | 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>:

| MGRM MGR | LIONEL PRAWIDI | Miani Beach 1761,33139 | Add Remove |
|----------------|---------------------------------------|---|---------------|
| | | Miani Beach 1761,33139 DLO 1100 West Avenue, suite 802 | Add Remove |
| MGR | LIONEL PRAWI | · | Remove |
| | · · · · · · · · · · · · · · · · · · · | | D A da |
| | • | | Add Remove |
| | · | | Add Remove |
| _ | | | Add Remove |
| | | | Add Remove |
| D. If amending | any other information, enter | r change(s) here: (Attach additional sheets, if necessary.) | |
| | | ARY OF STAT | FILED |
| Dated | 2/26/, | 2011 | |
| , | Signature of a- | member or authorized representative of a member | |
| | 4060 | WAR NANT Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00