

Division of Corporations Electronic Filing Cover Sheet

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(((H11000185563 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BROWARD SOHO SERVICES INC.

Account Number : I20100000080 Phone

Fax Number

: (954)709-0380 : (954)960-5630

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| 77-4-17 | Address: | | |
|---------|----------|--|---|
| EMHLL | ACCIOSS: | | • |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOS PERROS DE MARTICA LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

EXAMINER

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COVER LETTER

| TO: Registration Division of C | | | • | | | |
|--------------------------------|---|---|--|--|--|--|
| SUBJECT: | LOS PERRROS DE MARTICA LLC. | | | | | |
| 302011 | | ited Liability Company | | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all corres | spondence concerning this matter | to the following: | | | | |
| | | MARTHA C. GAITAN | | | | |
| , | | Name of Person | • | | | |
| | LOS PE | ERROS DE MARTICA | LLC. | | | |
| | | Firm/Company | | | | |
| | 1929 | 93 COLORADO CIRCL | E | | | |
| Address | | | | | | |
| | BOCA | RATON,FLORIDA,33 | 434 | | | |
| | | City/State and Zip Code | | | | |
| | TAX | RIGHT7@YAHOO.CO | <u>M</u> | | | |
| | E-mail address: (| to be used for future annual repor | t notification) | | | |
| For further informatio | n concerning this matter, please of | zall: | | | | |
| _ M/ | ARTHA GAITAN | at(_561) | 856-4204 | | | |
| Nam | e of Person | | aytime Telephone Number | | | |
| Enclosed is a check for | r the following amount: | | | | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy Is each | \$60.00 Filing Fee, Certificate of Status & Cortified 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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2011 JUL 20 AM 8: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| LOS PERI | ROS DE MARTICA I | LC. | |
|--|---|---------------------------------------|-------------------------|
| (Name of the Limited Liabil (A Florid | lity Company as it now appea la Limited Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liability | Company were filed on | 02/17/2011 | and assigned |
| Florida document number <u>L11000019834</u> | | | |
| This amendment is submitted to amend the following: | : | , | |
| A. If amending name, enter the new name of the li | mited liability company he | <u>re</u> : | |
| The new name must be distinguishable and end with the v | vords "Limited Liability Comp | any," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | · · · · · · · · · · · · · · · · · · · | |
| (Principal office address MUST BE A STREET AD) | DRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | <u></u> | | · |
| (Mailing address MAY BE A POST OF FICE BOX) | | | |
| | | - | _ |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ac | | our records, enter t | he name of the new |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | En | ter Florida street add | ress |
| | | . 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

MGRM = Managing Member

MGR = Manager

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:

| <u>Titte</u> | Name | Address | Type of Action |
|--------------|---|--|--------------------------|
| MGR | YESID GAITAN | 19293 COLORADO CIRCLE BOCA RATON, EL 33434 | Add Remove |
| MGR_ | JUAN D. JURADO | 19293 COLORADO CIRCLE BOCA RATON, EL 33434 | Add Remove |
| | | | Add Remove |
| <u> </u> | | | Add Remove |
| | | | Add Remove |
| | | | · Add Remove |
| D. If amendî | ag any other information, enter change(| s) here: (Attach additional sheets, if necessary.) | _ |
| | | | 2011 JUL SECRET |
| Dated | Julio 20, 20 Mortha C. 6 | patan | 20 AM S ARYOF S |
| _ | MAR | r authorized representative of a member THA C. GAITAN reprinted name of signee | 8: 25 STATE LORIDA |

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Filing Fee: \$25.00