## L110000024048

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## **COVER LETTER**

(additional copy is enclosed) Certified Copy	TO: Registration Division of C			
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  VICTORIA TRIANA  Name of Person  VITRINA PROPERTIES 1. LLC  Firm/Company  9701 SW 56 ST  Address  Miami, Fl. 33165  City/State and Zip Code  victriana@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Henry Gamboa  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate of Status & Certificed Copy  (calditional copy is enclosed)		A PROPERTIES I, LLC		
Please return all correspondence concerning this matter to the following:    VICTORIA TRIANA	SUBJECT:	Name of Limi	ited Liability Company	
VICTORIA TRIANA  Name of Person  VITRINA PROPERTIES I. LLC  Firm/Company  9701 SW 56 ST  Address  Miami, Fl. 33165  City/State and Zip Code  victriana@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Henry Gamboa  Name of Person  at (305 Area Code)  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate Of Status & Certified Copy (additional copy is enclosed)	The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Name of Person  VITRINA PROPERTIES I. LLC  Firm/Company  9701 SW 56 ST  Address  Miami, FL 33165  City/State and Zip Code victriana@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Henry Gamboa  at 305	Please return all corres	pondence concerning this matter	to the following:	
VITRINA PROPERTIES 1. LLC  Finm/Company  9701 SW 56 ST  Address  Miami, Fl. 33165  City/State and Zip Code victriana@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Henry Gamboa  Name of Person  at (305 / Area Code)  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed) Certified Copy (certified Copy (certified Copy) (certified Copy)		VICTORIA TRIANA		
Firm/Company  9701 SW 56 ST  Address  Miami, FL 33165  City/State and Zip Code victriana@yahoo.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Henry Gamboa  305 Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (Certified Copy	VITRINA PROPERTIES I		Name of Person	
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E-mail address: (to be used for future annual report notification)   For further information concerning this matter, please call:   Henry Gamboa			City/State and Zip Code	
For further information concerning this matter, please call:  Henry Gamboa    305		<del>-</del> -		AP
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  ■ \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Area Code  Daytime Telephone Number  S60.00 Filing Fee.  Certificate of Status & Certified Copy  (additional copy is enclosed)  Certified Copy	For further informatio			nineanon)
Enclosed is a check for the following amount:  S25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$(additional copy is enclosed)\$  Certified Copy  Certified Copy	Henry Gamboa			
■ \$25.00 Filing Fee	Nam	e of Person	Area Code Dayti	me Telephone Number
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	Enclosed is a check for	r the following amount:		
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Mailing Address:  Registration Section  Street Address:  Registration Section				ection
Division of Corporations Division of Corporations	Division o	f Corporations	Division of Co	orporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

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VITRINA PROPERTIES I, LLC	d Linkillin Comp	C. C	FALSE FRANCE STATE
(Name of the familie	A Florida Limited	tny as it now appears on our record Ciability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Lia lorida document number L11000024048	ability Company	were filed on February 24, 2011	and assigned
his amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liab	ility company here:	
he new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9701 SW 56 ST	
		Miami, FL 33165	
		9701 SW 56 ST	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33165	
B. If amending the registered agent and/or reagent and/or the new registered office addres		address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:			
New Registered Office Address:	9701 SW 56 S	Т	
	_	Enter Florida street addres	is .
	Miami	, Flo	orida <u>33165</u>
		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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	VICTORIA TRIANA	9701 SW 56 ST	□Add
		Miami, FL 33165	□Remove
			\= Change
MGRM	LESTER TRIANA	9701 SW 56 ST	□Add
		Miami, FL 33165	□Remove
			<b>≡</b> Change
<u></u>		, <u></u>	□Add
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Effective date, it other than the	ock does not meet the applicable statutory fil	(optional) r more than 90 days after filing.) Pursuant to 605.0207 ling requirements, this date will not be listed as
Note: If the date inserted in this bl	epartment of State's records.	
Note: If the date inserted in this bl document's effective date on the D record specifies a delayed effective		n. on the earlier of: (b) The 90th day after the
Note: If the date inserted in this bl document's effective date on the D e record specifies a delayed effective d is filed.	e date, but not an effective time, at 12:01 a.n	n. on the earlier of: (b) The 90th day after the
Note: If the date inserted in this blacoment's effective date on the Determine a delayed effective distilled.  Dated AUGUST 3rd	e date, but not an effective time, at 12:01 a.n	