## 111000033603

(Requestor	s Name)				
(Address)					
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(City/State/	Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business E	Entity Name)				
(Document Number)					
Certified Copies C	ertificates of Status				
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J. SAULSBERRY EXAMINER

MAY 16 2011

## **COVER LETTER**

TO:	Registration S Division of Co	Section orporations				
SUBJE	ECT:	MAMT.	AMOEXA LLC			
		Name of Lim	ited Liability Company			
The en	 closed Articles o	f Amendment and fee(s) are sui	bmitted for filing.			
Please	return all corresp	ondence concerning this matter	r to the following:			
MA			ARIA PAULA AGUILA	4		
			Name of Person			
			Finn/Company			
		7900 TATUM	7900 TATUM WATERWAY DRIVE, SUITE 209			
			Address			
		MIAM	MIAMI BEACH, FLORIDA 33141			
			City/State and Zip Code		FIL 2011 HAY 13 SECRETARY ALLAHASSE	
		E-mail address: (	to be used for future annual rep	ort notification)	ARY SSE	
For fur	ther information	concerning this matter, please of	call:		3 PH 3	
		A PAULA AGUILA	at (786_)	218 2121	ခြော် မ	
	Name	of Person	Area Code &	Daytime Telephone Nur	mber≯ <sup>ar</sup> •	
Enclose	ed is a check for	the following amount:				
\$25.	00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	Certi	Filing Fee, ficate of Status & ified Copy itional copy is enclosed)	
	MAIL	ING ADDRESS:	STREET/C	COURIER ADDRESS	S:	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MAMTAMOEXA!	LLC		
(Name of the Limite	d Liability Company as it n A Florida Limited Liability C	ow appears on ou company)	<u>r records.</u> )	
The Articles of Organization for this Limited	Liability Company were file	ed on00	3/21/11	_ and assigned
Florida document numberL1100003				
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability com	pany here:		
and of the state o	N/A			
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liabil	ity Company," the	designation "LLC	" or the abbreviation
Enter new principal offices address, if appl	icable: N/A		·	
(Principal office address MUST BE A STRE	ET ADDRESS)			
	· · · · · · · · · · · · · · · · · · ·		<b>Z</b>	28
Enter new mailing address, if applicable:			ECRETA LAHAS	H TO
(Mailing address MAY BE A POST OFFICE BOX)			SSEE	<u> </u>
	-		OF STATES	<u>⊋</u> [∏
B. If amending the registered agent and registered agent and/or the new registered of		ress on our rec	ords, entersine	natte of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Flor	ida street address	•
	City		_, Florida	
			Z	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, 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 -**Address Type of Action** <u>Name</u> MARIA PAULA AGUILA MGR 7900 TATUM WATERWAY DRIVE ☐ Add SUITE 209 Remove MIAMI BEACH, FLORIDA 33141 LEON R. DAVIS MGR 7900 TATUM WATERWAY DRIVE ✓ Add Remove SUITE 209 MIAMI BEACH, FLORIDA 33141 ☐ Add ☐ Remove ☐ Add Remove  $\prod$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MAY 9 2011 Dated Signature of a member or authorized representative of a member EON R. DAVIS MARIA P-AGUILA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00