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To:	Division of Corporations Fax Number : (850)617-6383	L. SELLERS JUN 1 6 2011
From:	Account Name : BAKER & MCKENZIE Account Number : 074222002135 Phone : (305)789-8900 Fax Number : (305)789-8953	EXAMINER
	e email address for this business entit l report mailings. Enter only one emai	
	Address: LC AMND/RESTATE/CORRECT OR J VARAL FUTURE LLC Certificate of Status Certified Copy Page Count Estimated Charge	M/MG RESIGN II JUN IS PM I:25 S25.00 II JUN IS PM I:25 S25.00
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	ARTICLES OF		
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		RGANIZATION	
	C	<b>PF</b>	
	VARAL FU	TURE LLC	
( <u>Name</u>	of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	······································
		were filed on April 5, 2011	and assigned
Florida document number	L11000040558		`
This amendment is submitted to a	amend the following:		
A. If amending name, enter the	new name of the limited ligh	aility company here:	
W. D. BREDONG Mantel Miles in		<u>, , , , , , , , , , , , , , , , , , , </u>	
The new name must be distinguishs "L.L.C."	ble and end with the words "Lim	ited Liability Company," the designation "I	LC" or the abbreviation
Enter new principal offices add	ress, if applicable:	10225 Coral Creek Road	······
(Principal office address MUST BE A STREET ADDRESS)		Coral Gables, Florida 33156	
Enter new mailing address, if a	pplicable:		
(Mailing address MAY BE A POST OFFICE BOX)		10225 Coral Creek Road	
		Coral Gables, Florida 33156	
B. If amending the registere- registered agent and/or the new		flice address on our records, <u>enter t</u>	ne name of the new
registered agent and/or the new	Theistered printe address her	<u>e</u> .	
Name of Name Parate	-] - A		
Name of New Registere	d Agent:	<u> </u>	
New Registered Office	Address:		
		Enter Florida street addi	
		, Florida	<u>'</u>
		City	Tip Code
New Registered Agent's Signature	, if changing Registered Agent:		en en

1. 1

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

Page 1 of 2

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## 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:

003/003

## MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Reinaldo Vicentini	10505 NW 27 Street, Suite 1	Add Z Remove
<u>MGR</u>	Reinaldo Vicentini	10225 Coral Creek Road Coral Gables, Florida 33156	Add Remove
			Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
D. If amending	g any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
			-
	Ine 14 201		-
Dated	/ / <u></u> /	Shaonn	
	J.	or authorized representative of a member	

Filing Fee: \$25.00 (((H11000159557 3)))