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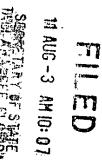
**EXAMINER** 

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## **COVER LETTER**

**Division of Corporations** SUBJECT: CERTIFICATE OF USE INSPECTIONS MIAMI DADE, LLC 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: LILY GONZALEZ Name of Person CERTIFICATE OF USE INSPECTIONS MIAMI DADE, LLC Firm/Company 13231 SW 114 TER Address MIAMI, FL 33186 City/State and Zip Code info@certificate-of-use-inspections-miami-dade.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 397 6380 LILY GONZALEZ Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

Registration Section

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**

## CERTIFICATE OF USE INSPECTIONS MIAMI DADE, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company were filed on	04/08/2011	a	and assigned
Florida document numberL11000042	2315			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liability company her	<u>e</u> :		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	ny," the designation	"LLC" o	or the abbreviation
Enter new principal offices address, if applic	able:			· <del></del>
(Principal office address MUST BE A STREE	T ADDRESS)			······································
	w—————————————————————————————————————			
Enter new mailing address, if applicable: 13231 SW 114 TERRACE, MIAMI, FL 33186				
(Mailing address MAY BE A POST OFFICE)	<u></u>		<del></del>	
B. If amending the registered agent and/o		ur records, <u>ente</u>	r the ns	me of the new
registered agent and/or the new registered of	fice address here:		Nie	
N	LILV CONTALET		三葉	
Name of New Registered Agent:	LILY GONZALEZ		<del>70</del>	<u>a</u>
New Registered Office Address:	13231 SW 114 TERRACE	71 1		ω <u>;</u>
		er Florida street a	-71	
	MIAMI City	, Florida	0.91 3247	3186 -
New Registered Agent's Signature, if changing R	•		The state of	<b>L</b> pae
	<u> </u>			
I hereby accept the appointment as registered	d agent and agree to act in this ca	pacity. I further o	agree to	comply with
the provisions of all statutes relative to the praccept the obligations of my position as regis				
being filed to merely reflect a change in the r		confirm that the	limited i	liability!
company has been notified in writing of this c	chunge.	The		
	H Changing Registered Ager	it, Signature of New	Registere	d Agent

Page 1 of 2

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

<u>Title</u>	Name	Address	Type of Action
MGRM	LILY GONZALEZ	13231 SW 114 TER, MIAMI, FL 33186	Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	-
			<del>-</del> -
Dated O	7/31/- , 2011		-
Dated	ila:	authorized representative of a member	
	CARLOS E A	ALVAREZ-REBOLLAR	
	ı ypea or	printed name of signee	

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Filing Fee: \$25.00