L11000042315

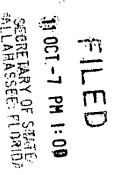
(Re	equestor's Name)			
(Ac	ldress)	,		
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	· WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Do	ocument Number)			
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J. BRYAN

OCT 1 0 2011

EXAMINER

COVER LETTER

Division of Corpor	rations			
SUBJECT:	CU INSPECTIO	NS MIAMI DADE, LL	С	
Souseci.		ited Liability Company		
				·
The enclosed Articles of Am	endment and fee(s) are sub	bmitted for filing.		1 3
Please return all corresponde	ence concerning this matter	to the following:		7
_		ANABEL MENDEZ		TO THE
		Name of Person		9
	CU INSP	ECTIONS MIAMI DADE.	LLC	
		Firm/Company		
	44	458 SW 164 AVENUE		
`		Address		
		MIAMI, FL 33185		
-		City/State and Zip Code		
	CU.INS	SPECTION@GMAIL.COM	М	
_	E-mail address: (t	to be used for future annual report no	tification)	
For further information conce	erning this matter, please c	all:		
ANABE	L MENDEZ	at (786)	531 0804	
Name of Per	rson	Area Code & Dayt	ime Telephone Number	
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee]\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos		f Status &

MAILING ADDRESS:

Registration Section

TO:

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



CU 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 Liability Cor	npany were filed on	04/08/2011	and assigned	
Florida document number <u>L11000042315</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company her	<u>·e</u> :		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE				
Enter new mailing address, if applicable:	4458 SW 164			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33	MIAMI, FL 33185		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on o	our records, <u>enter t</u>	ne name of the new	
Name of New Registered Agent:				
New Registered Office Address:	En	ter Florida street addı	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

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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> REINALDO REMEDIOS MGRM 4458 SW 164 AVE ✓ Add Remove MIAMI, FL 33185 ORLANDO GRANDAL MGRM 4291 SW 84 CT ✓ Add Remove MIAMI_FL 33155_ ___ Add Remove Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member ANABEL MENDEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00