## #/ 11000046334

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SECRETARY OF STATE AND AMASSEE, FLORIDA

KSALTIER 2012

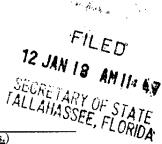
## **COVER LETTER**

TO:	Registration S Division of Co		*	••
SUBJI	ECT:		ida limited liability col ited Liability Company	mpany
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Andrew G. Kolondra	
			Name of Person	
Ar		An	drew G. Kolondra, P.A.	
			Firm/Company	
2933 W∈		2933 We	st Cypress Creek Road,	#102
			Address	
		For	t Lauderdale, FL 33309	
			City/State and Zip Code	
		F-mail address: (	rew@kolondralaw.com to be used for future annual report n	otification)
For fur	ther information (	concerning this matter, please o	·	o
i oi tui	mer miormation (	concerning this matter, please c	all.	
	De	ebbie Priebe	at (_954_)	346-0048
	Name (	of Person	Area Code & Day	time Telephone Number
Enclos	ed is a check for t	he following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COU	RIER ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



REBALI LLC, a Florida limited liability company

(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 Company we	ere filed on	4/19/2011	and assigned
Florida document numberL	11000046334			
This amendment is submitted to ame	end the following:			
A. If amending name, <u>enter the n</u>	ew name of the limited liabilit	ty company here:		
The new name must be distinguishable "L.L.C."	and end with the words "Limited	Liability Company,	" the designation "LI	.C" or the abbreviation
Enter new principal offices addres	s, if applicable:			1069
(Principal office address MUST BL	A STREET ADDRESS)			
	, -			
			•	
Enter new mailing address, if app	icable:			
(Mailing address MAY BE A POST	OFFICE BOX)			
	-			
B. If amending the registered a registered agent and/or the new re		e address on our	records, enter th	e name of the new
registered agent and/or the new iv	gistered office address fiere.			
Name of New Registered	Agent:			
New Registered Office Ad	dress:			
		Enter Florida street address		
			, Florida	3: 0 1
	(	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Pedro L. Fernandez	15876 SW 17th Street  Davie, FL 33326	Add ✓ Remove
MGRM	Kim Fernandez	15876 SW 17th Street  Davie, FL 33326	✓ Add Remove
.,,,	<del></del>		Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		□Add □Remove
<del></del>			Add Remove
D. If amen	ding any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)	<del>_</del>
			_
	January <u>I of </u>	,2012	_
		a mymber or authorized representative of a member	
	-	Pedro L. Fernandez	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00