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2012 OCT 29 PH 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 3 0, 2012

EXAMINER

COVER LETTER

	ation Section of Corporations		•			
SUBJECT:	С	ARIBBEA	N LICENSIN	G. LLC		
SUBJECT:			ited Liability Comp			
The enclosed Art	icles of Amendment a	and fee(s) are su	bmitted for filing.			2012 OCT 29 PM 1: 37 SECRETARSEE, FLORID TALLANDESSEE, FLORID
Please return all	correspondence conce	rning this matte	r to the following:			SSEE.F.
			Deborah Lo	ove		
			Name of Pers			31
		Friedman, l	Rosenwasser 8	<u>_</u>	P.A.	
			Firm/Compar	ny		
		5355	Town Center R	d., Suite 801		
			Address			
		Во	ca Raton, Flori			
			City/State and Zip			
		E-mail address:	dlove@frglaw (to be used for future	/.COM annual report notific	cation)	
For further infor	nation concerning this			·	,	
	Deborah Lov	re	at (877)	605-9141	
	Name of Person			rea Code & Daytime	Telephone Numbe	r
Enclosed is a che \$25.00 Filing		nmount: Filing Fee & Ticate of Status	\$55.00 Filin Certified C (additional) Certifie	ate of Status &
	MAILING ADDRE Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	R D C	TREET/COURI egistration Section division of Corpora lifton Building 661 Executive Ce	ER ADDRESS: n ations	пагсору із споюзец)

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		ENSING, LL		
(Name of the Limited I (A I	<mark>Liability Compar</mark> Florida Limited L	y as it now appear iability Company)	s on our records.)	
The Articles of Organization for this Limited Lia	bility Company	were filed on	04/21/2011	and assigned
Florida document numberL110000476	<u> 662</u>			
This amendment is submitted to amend the follow	J			SECRETARY OF THE ABDREVIATION OF THE ABDREVIAT
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :	29
	N/A			Eno P
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	ny," the designation "	LLC for the abbreviation
Enter new principal offices address, if applica	ble:	4200 NW 21	Street	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	Suite 2DB473	39	
		Miami, Florid	a 33142	
Enter new mailing address, if applicable:		P.O. Box 801	504	
(Mailing address MAY BE A POST OFFICE B	OX)	Miami, Florid	a_33280	
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:	Friedman, F	Rosenwasser &	Goldbaum, P.A.	
New Registered Office Address:	5355 Town	Center, Suite 8	01 ter Florida street ad	dress
	В	oca Raton	, Florida	33486
		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	<u>Name</u>	<u>Address</u>	Type of Action
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D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
	/Δ	ge(s) here: (Attach additional sheets, if necessary.)	
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	/A		
<u>N</u> 	October 24 , 2 Randa A .		

Page 2 of 2

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