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11 MAY 16 PH 1:38

SECRETARY OF STATE OIVISION OF CORPORATION

T. HAMPTON

MAY 17 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT: A & F	Name of Limit	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Herber	+ Ruiz Name of Person	
		Firm/Company	
	7520 Er	nbassy Blvd.	
	Hiramor	City/State and Zip Code  our + 1634 @ mSn. obe used for future annual report notificat	
	arely betance E-mail address: (to	be used for future annual report notificat	Comion)
For further information cond	cerning this matter, please ca	ili:	
Arely A. Bete	encourt	at ( <u>305)</u> 343 – 558 Area Code & Daytime T	3 4 elephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee [	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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** 

SECRETARY OF STATE . DIVISION OF CORPORATIONS

11 MAY 16 PM 1:38

The Articles of Organization for this Limited Liability Company were filed on
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Enter new principal offices address, if applicable:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Enter new principal offices address, if applicable:
"L.L.C."  Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida

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 **Title** Name Address Type of Action MGRM Herbert Ruiz Add Remove ☐ Add ☐ Remove ∏ Add Remove Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) . Please change (title) MGR to MGRM Dated \_\_\_\_\_ epresentative of a member

Page 2 of 2

Filing Fee: \$25.00