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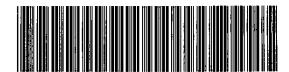
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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
Rodrigo E. Derpa Name of Person
Firm/Company
148 Sevece Point Trail
148 Senece Point Truil Address Tissimmee FJ 34746 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rodrigo F. Jerph at 31) 405 6069 Alea Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee & Solution} \text{Solution} \text{Solution} \text{Filing Fee & Solution} \text{Solution} \text{Solution} \text{Filing Fee & Certified Copy (additional copy is enclosed)} \text{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

	O1			
Fix U	1 All LL	_C		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appo Limited Liability Company	<u>ears on our records.</u>) y)		
The Articles of Organization for this Limited Liability		5-10 - 2011 and assigned		
Florida document number	<u>(6</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company h	<u>here</u> :		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Com	npany," the designation "LLC" or the abbrevi		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
		HE A		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		75 -		
		: 50		
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			
·	Enter Florida street address			
	City	, Florida Zip Code		
	Cuy	Zip Coue		

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>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Juper	Rodrigo E Jerpa	148 Seveca Point Trail Kissimmae, P2 34746	Add Remove
<u></u>			Add Remove
			: Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_	Marager same	<i>₩</i> 1 / V	4941
_		•	_
_	Rodne E. D	erpa	_
_	148 Severa	Point Track	
_	Fissmme N	F2 3/140	
Dated	5-12-204 January	r authorized representative of a member	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00