L11000060569

| (Requestor's Name) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Dusings Entity Name) |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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DIVISION OF CHAPTER SATIONS

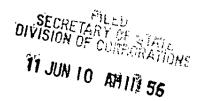
COVER LETTER

| Division of Co | rporations | | |
|---------------------------|--|---|--|
| SUBJECT: | | ANRIE,LLC | |
| Sobstell | | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | |
| Please return all corresp | ondence concerning this matte | r to the following: | |
| | | J. Narine | |
| | | Name of Person | |
| | | Miaanrie, LLC | |
| | | Firm/Company | |
| | | 4474 Weston Road | |
| | | Address | |
| | | Davie Florida 33331 | |
| | | City/State and Zip Code | |
| | E-mail address: | nita@bmti2.com to be used for future annual report n | otification) |
| For further information | concerning this matter, please | • | • |
| | h Nie ż | 0-4 | 000 0400 |
| Name | J. Narine of Person | at (<u>954</u>) Area Code & Day | 830-8190 time Telephone Number |
| | | • | · |
| Enclosed is a check for | the 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) |
| MAII | LING ADDRESS: | STREET/COU | RIER ADDRESS: |

Registration Section
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



| | MIA | ANRIE, LLC | · | |
|--|--|--|---------------------------|--------------------------|
| <u> </u> | ame of the Limited Liability (A Florida L | Company as it now appea imited Liability Company) | rs on our records.) | |
| The Articles of Organization | for this Limited Liability Co | ompany were filed on | 5/23/2011 | and assigned |
| Florida document number _ | L11000060569 | | | |
| This amendment is submitte | d to amend the following: | | | |
| A. If amending name, ente | er the new name of the limi | ted liability company he | <u>re</u> : | |
| | MIA | ANREI, LLC | | |
| The new name must be disting "L.L.C." | uishable and end with the word | ds "Limited Liability Comp | any," the designation " | LLC" or the abbreviation |
| Enter new principal offices | address, if applicable: | | | |
| (Principal office address M | <u>UST BE A STREET ADDR</u> | ESS) | | |
| | | | | |
| Enter new mailing address | . if applicable: | | | |
| (Mailing address MAY BE) | | | | |
| | | | | |
| B. If amending the registered agent and/or the | | | our records, <u>enter</u> | the name of the nev |
| | | | | |
| Name of New Reg | stered Agent: | | | |
| New Registered O | fice Address: | | | |
| | | Ei | nter Florida street add | dress |
| | | | , 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 - Ma | Managing Member | | |
|--------------|----------------------------------|--|----------------------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, ente | er change(s) here: (Attach additional sheets, if necessary.) | SEGRETARY DIVISION OF C |
| | | | ## 113 56 |
| Dated | JUNE 6TH | 2011 | |
| | Signature of a | n member or authorized representative of a member | |
| | | Jeenarine Narine | |
| | | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00