

L11000065066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

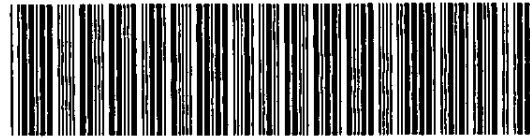
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG - 7 PM 1:49

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAIRES ONE, LLC
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:

TAMMY PEREZ
Name of Person
TABADESA ASSOCIATES
Firm/Company
7005 W 17TH CT
Address
HIALEAH, FL 33014
City/State and Zip Code
TAMMYP@TABADESA.COM
E-mail address: (to be used for future annual report notification)

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CLERK OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

TAMMY PEREZ at (305 989-8776)
Name of Person Area Code & Daytime 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 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**

BAIRES ONE, LLC

(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 were filed on 06/02/2011 and assigned Florida document number L11000065066.

This amendment is submitted to amend the following:

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

PEDRO SAAVEDRA

New Registered Office Address:

100 S POINTE DR, NORTH TOWER APT 707

Enter Florida street address

MIAMI BEACH

Florida 33139

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

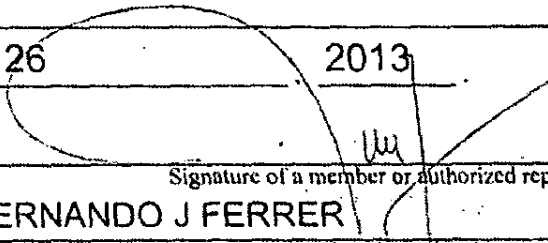
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FERNANDO J FERRER	1000 5TH STREET	<input type="checkbox"/> Add
		SUITE 1302	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	
MGR	AMERICAN SOUL CORPORATION	100 S POINTE DR	<input checked="" type="checkbox"/> Add
		NORTH TOWER APT 707	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	
MGR	ANASTASIA SANGUINETTI	1000 5TH STREET	<input type="checkbox"/> Add
		SUITE 1302	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JULY 26 2013


Signature of a member or authorized representative of a member
FERNANDO J FERRER
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
PAUL CAMPBELL, FLORIDA

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