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2012 JAN -9 PM 3: 33
SECRETARY OF STATE

J. BRYAN

JAN 1 0 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	E LIVING L Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Angel ABE Po Box 414	Name of Person LIVING Firm/Company	FILED 2012 JAN -9 PH 3: 33 SECRETARSEE, FLORID TALLAHASSEE, FLORID
	1.0 .00 / 11	Address	- Service Control of the Control of
	Miami Bead Tai Oale	FL 33141 City/State and Zip Code 20 @ Email: Com	
	,	o be used for future annual report notifica	tion)
For further information c	oncerning this matter, please c	all:	
Angel To	ai pale f Person	at 305 546 - V Area Code & Daytime T	1961 Telephone Number
Enclosed is a check for the	ne 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)
		Land	

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

48E Living	LLC			
(Name of the Limited (A	Liability Company Florida Limited Lis	y as it now appears	on our records.)	
The Articles of Organization for this Limited Lia Florida document number	ability Company v	, ,	4	Find assigned
This amendment is submitted to amend the follow	wing:			SSEE AN 35
A. If amending name, enter the new name of	the limited liabil	ity company here	:	957 2
				Jan 1
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Compan	y," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	 		
(Principal office address MUST BE A STREET	(ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3 <u>0X)</u>	P.O. Box Mami B 33141	5 414616 beach FL	
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered officies address here:	ce address on ou	ır records, <u>enter</u>	the name of the nev
Name of New Registered Agent:	Act o	n free E	nterprise	LLC
New Registered Office Address:	P.O.Bo	x 41461	97928 Ea.	st Dr #902
	North Bay	Village Ente	er Florida street ad	5} Dr #902 dress 33141 Zip Code
	HIUMI 15	City	, Florida <u>_</u>	70 17 7in Code
New Registered Agent's Signature, if changing Re		App		Elp Couc
I hereby accept the appointment as registered the provisions of all statutes relative to the praceept the obligations of my position as regist	oper and comple	te performance o	f my duties, and \widetilde{I}	am familiar with and

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

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 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 Title **Type of Action** Name Address MGRM Collazo, Eric MGRM Raphael, Ducene 8400 N Sherman Circle 1100 Add Mirimar FL 33025 Remove ∏ Add Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Dated January 8,2012 Signature of a member or authorized representative of a member Hngel Taipale
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00