L110000090802

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

Office Use Only

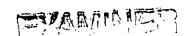


400210814564

08/15/11--01034--005 **25.00

11 AUG 15 PM 1:19

T. HANGTON.



COVER LETTER

	nof Corporations					
SUBJECT:		RUMBOS, LLC ited Liability Company				
The enclosed Arti	icles of Amendment and fec(s) are sub	omitted for filing.				
Please return all o	correspondence concerning this matter	to the following:				
		Aurelio Durana, Esq. Name of Person				
	Aurelio Durana, Attorney at Law Firm/Company					
	717 Poi	717 Ponce de Leon Bvd., Suite 225				
	Address Carol Cables El 33434					
		Coral Gables, FL 33134 City/State and Zip Code				
	E-mail address: (relio@Duranalaw.com to be used for future annual report notification	on)			
	nation concerning this matter, please of					
	Aurelio Durana, Esq. Name of Person	at (_305_) 446 Area Code & Daytime Tel	6-3883 ephone Number			
Enclosed is a che	ck for the following amount:					
\$25.00 Filing	Fee \$\int_\$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 A	ADDRESS:			
		Division of Corporation Clifton Building 2661 Executive Center				

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OTRO	OS RUMBOS, LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now apper a Limited Liability Company)	ers on our records.)
The Articles of Organization for this Limited Liability	Company were filed on	August 8, 2011 and assigned
Florida document numberL11000090802		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	nited liability company he	<u>re</u> :
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	vany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	E	nter Florida street address
		, 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, <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>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Marcela T. Macias	6342 North Bay Road Miami Beach, FL 33141	AddRemove
<u>MGRM</u>	Orlando Dario Colon	nbi 6342 North Bay Road Miami Beach, FL 33141	
			Damorra
			□ n
			
D. If amend	ling any other information,	enter change(s) here: (Attach additional sheets, i	SECRETARY SIVISION OF CO
 Dated	August 8		OF STATE REPORATIONS PH 1: 19
	Signature	of a member or authorized representative of a member	or
	_	Orlando Dario Colombi	
		Typed or printed name of signce	

Page 2 of 2

Filing Fee: \$25.00