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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

: (305)633-9696

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EXAMINER

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12/14/2011

15/14/5011 03:14 302633666

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: Human Access, LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	RoFael E. Sosa
	Human Access LLC
	3971 SW 845+. Suite 305
	Miami FL 33134-295/
	Tesosa & belsouth. net Email address: (to be used for future annual report nonlification)
For fu	rther information concerning this matter, please call:
	Rofael E. Sosa at (305) 503-4/33 Name of Person Area Code & Daytims Tulephone Number
Englos	ed is a check for the following amount:
À (25:	5.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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
Tallahasses, FL 32301

H1100CZ9Z959

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Human	n Acress	LLC	
Name of the Limited Liabili	icy Company as it now appears on ou a Limited Liability Company)	ir records.	
(A Florid			
The Articles of Organization for this Limited Liability	Company were filed on	19/11 Frand all med	
Florida document number		SS I	
		m-	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:	and the second	
The new name must be distinguishable and end with the w	vords "Limited Liability Company," th	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADI	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 as		cords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter 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

Page 1 of 2

15/14/5011 03:14 302933888 EWBIKE COKB KILL BYCE 03/04

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:

MCR - Man MCRM - M	ager anaging Member		
<u> Nitle</u>	Name	Address	Type of Action
MRGM	Rivera, Horacio	3971 SW 8th Street Suite 305 Miami Fe, 33/34	Add Remove
MRGM	Rivera, Fernando		Add Remove
MGTR	Sosa, Rotael		Add Remove
MGR	Sosa Guilaine		Add Remove
			Add Removs
			Add Remove
		e(8) here: (Attach additional sheets, if necessary.) 37417-56	2011 DEC 14 AM BY 24 SECOLIARY OF STATE MALE AMASSE ST. FE PRICE
	T.	or authorized representative of a member of one 5056 or printed name of signee	
	-1700	Page 2 of 2	

Filing Fee: \$25.00

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