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THE

J. BRYAN

SEP 1 1 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:	e e2	
	· •	Maria C. Arriola Velez	THE SE T	
	Name of Person			
Maria C. Arriola Velez PA		FILE PH 2: 38		
		Firm/Company		
		35 Almeria Avenue	38	
		Address	,	
	C	oral Gables, FL 33134		
		City/State and Zip Code		
MVel		ez@velezlawoffices.com to be used for future annual report notific	ation)	
For further information	concerning this matter, please	•	·	
Maria	C. Arriola Velez	at (305) 4	61-9223	
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)	
MAII	LING ADDRESS:	STREET/COURIE	R 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

SEP 10 PM 2:38

SONS FUTURE 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	ty Company were filed on	9/6/2011	and assigned
Florida document numberL11000101811	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here	<u>e</u> ;	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	n		_
B. If amending the registered agent and/or registered agent and/or the new registered office a		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street ad	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 = Manager MGRM = Managing Member **Title Name Address Type of Action** MGR Rodolfo Zoppis c/o Maria C. Arriola Velez ☐ Add Remove 35 Almeria Avenue Coral Gables, FL 33134 ☐ Add Remove ☐ Add ∏ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May Dated_ Signature of a member or authorized representative of a member Rosario Pipito

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00