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J. BRYAN

SEP 2 0 2011

EXAMINER

COVER LETTER TO: **Registration Section** Division of Corporations, SUBJECT: M5 & A50 CIA DO5 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: Carolina Velásquez Name of Person Biscayne Blud Suite 3203 300 5 Miami, FL 33131 City/State and Zip Code C. Velasquez 13@gmail. (om E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cardina Volusquez at (786) 397-4198 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,
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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

	IADOS LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appe ida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L11000105450</u>		09/14/2011	and assigned
This amendment is submitted to amend the following		ALLA HE	TILED P
A. If amending name, enter the new name of the	limited liability company h	ere:	10000000000000000000000000000000000000
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	pany," the designation "Ll	
Enter new principal offices address, if applicable:		•	37
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	inter Florida utvaat addu	256
	Enter Florida street address		
<u></u>	City	, Florida	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 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 **Type of Action** Title **Address** Name MGR Alejand RO Aneus Remove \square Add ☐ Remove _ Remove Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Carolina Velasquez
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00