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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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SECRETARY OF STATE TALLARISSEE, FLORIDA

T. CLINE

MAR 122012

EXAMINER

COVER LETTER

TO:	Registration Secondivision of Corp			parag			
SUBJE	CT:	Chihuahua 1	1888 Outreach, LLC				
		Name of Lim	ited Liability Company				
The enc	losed Articles of A	mendment and fee(s) are sul	omitted for filing.				
Please re	eturn all correspond	dence concerning this matter	r to the following:				
			Manuela Alvarez				
			Name of Person				
			Firm/Company				
			1922 Palau Avenue				
			Address				
		Sa	n Francisco, CA 94124				
		man	City/State and Zip Code				
		E-mail address: (to be used for future annual report no	tification)	grt	Pv. 2	
For furth	ner information cor	ncerning this matter, please of	eall:			1012 H	**************************************
	Manu	iela Alvarez	at (415)	806-9589	AHAS AAS	HAR -	Silverinese masswere a
	Name of F	Person	Area Code & Dayti	ime Telephone Number	Y OF STATE	9 (8) :	Product.
Enclosed	d is a check for the	following amount:			il A		
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Statu		ed)

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

Chihuahua 1888	Outreach, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on September 19, 2011 and assigned	t
Florida document numberL11000106999		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbre	 viatior
Enter new principal offices address, if applicable:	11100 SW 93rd Court Road	
(Principal office address MUST BE A STREET ADDRESS)	#10-118	
	Ocala, Florida 34481	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	75 75 75	
	70 70	····
B. If amending the registered agent and/or registered of	Figs address on our records onter the name of the	FORES
registered agent and/or the new registered office address her	e:	TIC VI
		eriko (
Name of New Registered Agent:	SA -	
New Registered Office Address:		
	Enter Florida street address	
*****	, Florida	
	City Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

ويخاراه

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
 			D Damaya
· · · · · · · · · · · · · · · · · · ·			AddRemove
······································	 		Add Remove
D. Ifameno	ding any other information, e	nter change(s) here: (Attach additional sheets,	if necessary)
Dated	January 31		
	Manuele Co	Ulverse	
	-/////////////////////////////////////	of a member or authorized representative of a memb	

Page 2 of 2

Filing Fee: \$25.00