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SECRETARY OF STATE

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COVER LETTER

	ion Section of Corporations					
SUBJECT:	SUBJECT: 100 BARBERA LLC					
50 5 66611	Name of Lin	nited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:						
		TAMMY PEREZ				
	Name of Person					
	TABADESA ASSOCIATES					
	Firm/Company					
	7005 W 17TH CT					
		Address				
		HIALEAH, FL 33014				
		City/State and Zip Code				
TAMMYP@TABADESA.COM E-mail address: (to be used for future annual report notification)						
For further inform	ation concerning this matter, please	•				
	TAMMY PEREZ	at (305) 989-8776				
 	Name of Person	Area Code & Daytime Telephone Number				
Enclosed is a chec \$25.00 Filing I	k for the following amount: Fee \$\int_\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &			
	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

FILED 2013 NOV 20 PM 1: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Zip Code

100 BARBE			
(Name of the Limited Liability Company (A Florida Limited Lia	/ as it now appea	rs on our records.)	
(A Fiorida Elimica Die	tomity company)		
The Articles of Organization for this Limited Liability Company v	vere filed on	09/29/2011	and assigned
Florida document numberL11000111133			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Comp	any," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:		. <u>.</u> .	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi	ce address on	our records, enter t	he name of the new
registered agent and/or the new registered office address here:	•		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Er	nter Florida street ada	ress
		T71 (-) -	
		. Florida	

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.

City

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

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MGRM = Managing Member Type of Action **Title** Address Name **MGRM** MI LAURA INVESTMENT, INC. Remove 7005 W 17th CT Hialeah, FL 33014 ☐ 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.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00