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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

NAMAEV-JUASANT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fce(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIGUEL ALVAREZ

Name of Person

MIGUEL ALVAREZ CPA

Firm/Company

1300 SW 67 AVE.

Address

MIAMI, FL. 33144

City/State and Zip Code

ALVAREZCPA@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL ALVAREZ

305, 262-3640

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)

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

NAMAEV-JUASANT LLC			
(Name of the Limited	Liability Compan	ny as it now appears on our records.) iability Company)	- μ- ω
(/\	Piorida Limited L	aomy Company)	5
The Articles of Organization for this Limited Li	ability Company	were filed on 10/25/11	and assigned
Florida document number L11000121834			
			and the same
This amendment is submitted to amend the following	owing:		2. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
A [6		114 h	(0) (1)
A. If amending name, enter the new name of	the limited habi	uty company here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	led Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		1300 SW 67 AVE	
(Principal office address MUST BE A STREE		MIAMI, FL. 33144	
Principal Office address MOST BE A STREE	I ADDRESS)	1777 1771, 7 E. 00117	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/or the new registered of			r the name of the new
Name of New Registered Agent:	JOSEPH G	UERRERO	
New Registered Office Address:	C/O M ALV	AREZ 1300 SW 67 AVE	
		Enter Florida street d	address
	MIAMI	, Florida	33144
		City	Zip Code
New Registered Agent's Signature, if changing F	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

<u>Title</u>	Name	Address	Type of Action
MGRM	Horacio Ruben Irrazabal	1300 SW 67 Ave	
		Miami, Fl	Remove
MGRM	Fiorella V De Irrazabal	1300 SW 67 Ave	
		Miami, Fl.	Remove
MGR	Joseph Guerrero	1300 SW 67 Ave	Add
		Miami, Fl.	Remove
			Add
			Remove
			Add S Remove
			25. 25. 25. 25. 25. 25. 25. 25. 25. 25.
			Remove

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
ed	ily 30, 2013.
	Signature of a member or authorized representative of a member
-	Typed or printed name of signee
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