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(Re	equestor's Name)				
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"SECRETARY OF STATE, TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER MAR 26 2012

Division of Corporations, **BASCS LLC** SUBJECT: 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: ROBERTO TRAVAGLINI Name of Person GIMEZA A REAL ESTATE CORPORATION Firm/Company 2929 SW 3rd Ave, suite 210 Address MIAMI, FL, 33129 City/State and Zip Code rupamiami@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERTO TRAVAGLINI 897-3528 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$30.00 Filing Fee & \$25.00 Filing Fee \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

•		SLLC					
· (<u>Na</u>	me of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	rs on our reco	rds.)			
The Articles of Organization:	for this Limited Liability Compan	y were filed on	10/31/2	011	_ and a	ssigned	
Florida document number	L11000123833	-				•	
This amendment is submitted	to amend the following:		· C				
A. If amending name, enter	the new name of the limited lia	bility company her	<u>·e</u> ;	•			
			•				
The new name must be distingu "L.L.C."	ishable and end with the words "Lin	nited Liability Compa	iny," the desig	nation "LLC	C" or the	e abbreviatio	
Enter new principal offices :	address, if applicable:		<u>-</u>	SE	201	,	
(Principal office address MU	ST BE A STREET ADDRESS)			-AH	2 MAR	****	
			·	- SSA SSA	\(\frac{23}{12} \)	***************************************	
Enter new mailing address,	if applicable:		, ;	OF ST	>		
(Mailing address MAY BE A POST OFFICE BOX)				ATE	8 02	C. small	
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	ered agent and/or registered on new registered office address he		our records,	enter the	name	of the nev	
Name of New Regis	tered Agent:				·		
New Registered Off	ice Address:	·			, -,		
		En	Enter Florida street address				
	 	City	, Flo	rida	Zip Co	da	
		Cuy			$\angle ip \cup 0$	ue	

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

MGR = Mana MGRM = Man	ger naging Member	Superior Const.	
<u>Title</u>	Name	Address	Type of Action
MGRM	MARIA ESTELA COPITEA	1111 SW 1st Ave, MIAMI, FL, 33130	Add _ Remove
MGRM	MARIA ESTELA CHOPITEA	1111 SW 1st Ave, MIAMI, FL, 33130	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
		:	Add Remove
de: We	e are changing the		•
Dated	Typed or	AHASSEF, FLORI	E E E E E E E E E E

or Managing Member being added or removed from our records: