

L12000004525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

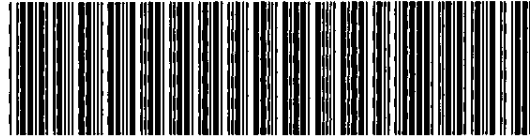
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TALLAHASSEE, FLORIDA
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EQUITY INVESTORS OF MIAMI, 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:

LILY AMADOR
Name of Person
SHOMAR ACCOUNTING, PA
Firm/Company
7777 NW 146TH ST
Address
MIAMI LAKES, FL 33016
City/State and Zip Code
LILY@SHOMARACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LILY AMADODR at (**305**) **825-1123**
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**

EQUITY INVESTORS OF MIAMI, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/10/2012 and assigned Florida document number L12000004525.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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REGISTRATION OF STATES
FALL HARBOR, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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 Changing Registered Agent, Signature of New Registered Agent

If changing the Member's Membership Number, do not check the "Add" or "Remove" boxes. If changing the Member's Name, check the "Add" or "Remove" box.

REG - Regular Member
MGM - Member Manager

Title	Name	Address	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
MGR	RENATO RANCONI	119 WASHINGTON AVE. SUITE 101 MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGR	CINZIA ZANELLA	119 WASHINGTON AVE. SUITE 101 MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Add	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add	<input type="checkbox"/> Remove

D. If you need any other information, enter change(s) here: (Attach additional sheets, if necessary)

2012 JUN 17 11:35 AM

RENATO RANCONI

Signature of Member or Officer as representative of a member

RENATO RANCONI

Member Manager