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SECRETARY OF STATE
SECRETARY SEE, FLORIDA

C. LEWIS

APR 2 7 2012

EXAMINER

COVER LETTER

TQ:	Registration Section Division of Corporations	w. •
اگار SUBJ	ECT: Si / VA STRUCTUKES GROUP LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
•	FETTER A. HERNANDEZ Name of Person	
	FAH CONSULTING LLC Firm/Company	
	1434/ COMMERCE WAY Address	
	Miami LAKES F. 33016 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
FE	Name of Person at (305) 924-1495 Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
\$2 :	(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

FILED

12 APR 26 PM 1: 17

the Limited Liability Company As it now appears on our records.) HASSEE

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 49-9-20/2 and assigned Florida document number \(\begin{array}{c} \begin{array}{c} \lambda \lambda \cdot \lambda \lam 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) 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 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

If Changing Registered Agent, Signature of New Registered Agent

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 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 Address Type of Action Title <u>Name</u> TERRE! DUKE 14341 COMNEKCE ☐ Add Z Remove ☐ Add Z-Remove MGEN □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ignature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00