

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 6601 Holdings, 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:

Thomas O. Wells, Esq.
Name of Person
Thomas O. Wells, P.A.
Firm/Company
540 Biltmore Way
Address
Coral Gables, FL 33134
City/State and Zip Code
mechelle@twellsllaw.com
E-mail address: (to be used for future annual report notification)

2012 MAY -4 AM 8:42
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Thomas O. Wells at (305) 444-0016
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**

6601 Holdings, 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 April 24, 2012 and assigned Florida document number L12000055560

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)

8000 Governors Square Blvd.

Suite 201

Miami Lakes, FL 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8000 Governors Square Blvd.

Suite 201

Miami Lakes, FL 33016

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:

Patrick Barthet, Esq.

New Registered Office Address:

200 S. Biscayne Blvd., Suite 1800

Enter Florida street address

Miami

Florida

33131

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

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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:

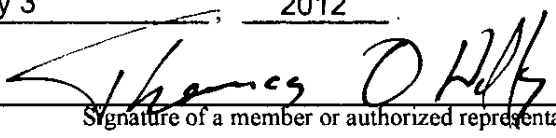
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Marlen Abrahantes	12810 Wallingford Drive Tampa, FL 33624	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Gerardo Necuze	200 S. Biscayne Blvd. Suite 1800 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Luis Perez	200 S. Biscayne Blvd. Suite 1800 Miami, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Manuel Enriquez	200 S. Biscayne Blvd. Suite 1800 Miami, FL 33131	<input checked="" 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 amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 TALLAHASSEE, FLORIDA
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Dated May 3, 2012



Signature of a member or authorized representative of a member

Thomas O. Wells, authorized representative

Typed or printed name of signee