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COVER LETTER

Division of Corporations					
SUBJECT:	Rafael Cha	ma and Sons LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		Alan A. Lips			
		Name of Person			
	Firm/Company				
	666 71st Street				
	M	liami Beach, FL 33141			
	City/State and Zip Code				
	E-mail address: (aal@gprco-cpa.com to be used for future annual report notif	ication)		
For further information	concerning this matter, please of	call:			
	Alan A. Lips	at (305) Area Code & Daytim	868-3600		
Name	of reison	Alea Code & Daytini	e reseptione reunities		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	LING ADDRESS:	STREET/COURI Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 JUN 20 AM 11: 04 Rafael Chama and Sons LLC (Name of the Limited Liability Company as it now appears on one records STATE
(A Florida Limited Liability Company)

(Name of the Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on May 24, 2012 and assigned L12000070168 Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: David Rafael Chama and Sons LLC 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 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.

City

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	
			Add Remove	
<u></u>			Add Remove	
			Add Remove	
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			Add Remove	
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessa	ery.)	
			FIL 12 JUN 20 SECILLIANI ALLANASSI	
 Dated	June 14	2012 .	FILED N 20 AHII: O' TAKE OH STATE HASSEE, ELORIDA	
	Signature of a mepri	ber or authorized representative of a member		
	Alan A	a. Lips, Registered Agent		
	Тур	ed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00